Fill in this information to identify your case: United States Bankruptcy Court for the: NORTHERN DISTRICT OF WEST VIRGINIA Chapter you are filing under: Case number (if known) Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 ☐ Check if this an amended filing Official Form 101 Voluntary Petition for Individuals Filing for Bankruptcy 12/17 The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Identify Yourself** About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on Amethyst your government-issued First name First name picture identification (for example, your driver's AB license or passport). Middle name Middle name Bring your picture Rothenburg identification to your Last name and Suffix (Sr., Jr., II, III) Last name and Suffix (Sr., Jr., II, III) meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal xxx-xx-4957 **Individual Taxpayer** 

(ITIN)

Identification number

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |
|----|---|---|---|--|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years   | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.  |  |  |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)  |  |  |
|    |   | EINs  | EINs  |  |  |
| 5. | Where you live  | 164 Stuckey Court   | If Debtor 2 lives at a different address:   |  |  |
|    |   | Martinsburg, WV 25401  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code  |  |  |
|    |   | Berkeley  |   |  |  |
|    |   | County  | County  |  |  |
|    | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. |   | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |  |  |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |  |  |
| 6. | Why you are choosing this district to file for bankruptcy   | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |  |  |
|    |   |   |   |  |  |

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| Par | Tell the Court About  | Your Ban     | ikruptcy Ca                   | ase   |  |   |   |  |  |
|-----|---|--------------|-------------------------------|---|--|---|---|--|--|
| 7.  | The chapter of the Bankruptcy Code you are  |              |                               |   | each, see <i>Notice Required</i> age 1 and check the approp  | by 11 U.S.C. § 342(b) for Individual  | als Filing for Bankruptcy                                   |  |  |
|     | choosing to file under  | ■ Cha        | pter 7                        |   |  |   |   |  |  |
|     |   | ☐ Chapter 11 |                               |   |  |   |   |  |  |
|     |   | ☐ Chapter 12 |                               |   |  |   |   |  |  |
|     |   | ☐ Cha        | pter 13                       |   |  |   |   |  |  |
|     |   |              |                               |   |  |   |   |  |  |
| 8.  | How you will pay the fee  | a<br>o       | bout how yo                   | ou may pay. Typica<br>attorney is submit      | ally, if you are paying the fee                              | heck with the clerk's office in your le<br>e yourself, you may pay with cash,<br>behalf, your attorney may pay with     | cashier's check, or money                                   |  |  |
|     |   |              |                               |   |  | option, sign and attach the Applicat  | ion for Individuals to Pay                                  |  |  |
|     |   |              | •                             | ,   | Official Form 103A).<br>e <b>d</b> (You mav request this or  | ption only if you are filing for Chapt  | er 7. Bv law. a iudge mav.                                  |  |  |
|     |   | b<br>a       | ut is not req<br>pplies to yo | uired to, waive you<br>ur family size and     | ur fèe, and may do so only i<br>you are unable to pay the fe | If your income is less than 150% of<br>see in installments). If you choose th<br>Official Form 103B) and file it with y | the official poverty line that is option, you must fill out |  |  |
| 9.  | Have you filed for  | ■ No.        |                               |   |  |   |   |  |  |
|     | bankruptcy within the last 8 years?   | ☐ Yes.       |                               |   |  |   |   |  |  |
|     | •   |              | District                      |   | When   | Case number   |   |  |  |
|     |   |              | District                      |   | When   | Case number   |   |  |  |
|     |   |              | District                      |   | When   | Case number _   |   |  |  |
|     |   |              |                               |   |  |   |   |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No         |                               |   |  |   |   |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes.       |                               |   |  |   |   |  |  |
|     |   |              | Debtor                        |   |  | Relationship to yo  | u   |  |  |
|     |   |              | District                      |   | When   | Case number, if k   | nown  |  |  |
|     |   |              | Debtor                        |   |  | Relationship to yo  | u   |  |  |
|     |   |              | District                      |   | When   | Case number, if k   | nown  |  |  |
| 11. | Do you rent your residence?   | ■ No.        | Go to I                       | ine 12.                                       |  |   |   |  |  |
|     | . coluction .   | ☐ Yes.       | Has yo                        | our landlord obtain                           | ed an eviction judgment aga                                  | ainst you?  |   |  |  |
|     |   |              |                               | No. Go to line 12                             |  |   |   |  |  |
|     |   |              |                               | Yes. Fill out <i>Initia</i> this bankruptcy p |  | ion Judgment Against You (Form 1  | 01A) and file it as part of                                 |  |  |
|     |   |              |                               |   |  |   |   |  |  |

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| Par | Report About Any Bu   | sinesses   | You Own as a Sole P   | roprietor  |  |  |  |
|-----|---|--|---|--|--|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.  | Go to Part 4.   |  |  |  |  |
|     |   | ☐ Yes.   | Name and location   | Name and location of business  |  |  |  |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. | you operate as<br>dual, and is not a<br>legal entity such<br>poration, | Name of business,   | if any   |  |  |  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |  | Number, Street, Ci  | ty, State & ZIP Code   |  |  |  |
|     | it to this petition.  |  | Check the appropriate box to describe your business:  |  |  |  |  |
|     |   |  | ☐ Health Care   | e Business (as defined in 11 U.S.C. § 101(27A))  |  |  |  |
|     |   |  | ☐ Single Asse   | et Real Estate (as defined in 11 U.S.C. § 101(51B))  |  |  |  |
|     |   |  | ☐ Stockbroke  | r (as defined in 11 U.S.C. § 101(53A))   |  |  |  |
|     |   |  | ☐ Commodity   | Broker (as defined in 11 U.S.C. § 101(6))  |  |  |  |
|     |   |  | ☐ None of the line of the | above  |  |  |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a <i>small business</i><br><i>debtor?</i>   | deadlines<br>operation   | s. If you indicate that yours, cash-flow statements.C. 1116(1)(B).  | 1, the court must know whether you are a small business debtor so that it can set appropriate ou are a small business debtor, you must attach your most recent balance sheet, statement of and federal income tax return or if any of these documents do not exist, follow the procedure |  |  |  |
|     | For a definition of small   | ■ No.  | I am not filing unde  | r Chapter 11.  |  |  |  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | debtor, see 11   | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  |  |  |  |  |
|     |   | ☐ Yes.   | I am filing under Cl  | napter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   |  |  |  |
| Par | t 4: Report if You Own or   | Have Any   | / Hazardous Property  | or Any Property That Needs Immediate Attention   |  |  |  |
| 14. | Do you own or have any  | ■ No.  |   |  |  |  |  |
|     | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to  | ☐ Yes.   | What is the hazard?   |  |  |  |  |
|     | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?  |  | If immediate attention needed, why is it nee  |  |  |  |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |  | Where is the property   | ?  |  |  |  |
|     | g 5 opa 5 .   |  |   | Number, Street, City, State & Zip Code   |  |  |  |
|     |   |  |   |  |  |  |  |

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Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

## Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

# ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

# ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb  | tor 1 Amethyst AB Rotl   | randura i  | oc 1 Filed 0  | 3/29/19        | Entered 03/29/19"   | umber (#known)    | Page 6 of 54  |
|------|--|--|---|----------------|---|-------------------|---|
| Part | 1101 0120 511  |  |   | 0/20/10        |   | 10.00.10          | r ago o or o r  |
|      | What kind of debts do you have?  | 16a. <b>A</b> r  | e your debts primari  |                | debts? Consumer debts are ily, or household purpose."           | defined in 11 U   | .S.C. § 101(8) as "incurred by an                               |
|      |  |  | □ No. Go to line 16b.   |                |   |                   |   |
|      |  |  | Yes. Go to line 17.   |                |   |                   |   |
|      |  | 16b. <b>Ar</b>   | e your debts primari  | -              | lebts? Business debts are det through the operation of the      | •                 |   |
|      |  |  | No. Go to line 16c.   |                | gp  |                   |   |
|      |  |  | Yes. Go to line 17.   |                |   |                   |   |
|      |  | 16c. Sta   | ate the type of debts y   | ou owe that a  | re not consumer debts or bus                                    | siness debts      |   |
|      |  |  |   |                |   |                   |   |
| 17.  | Are you filing under Chapter 7?  | □ No. Ia   | m not filing under Cha  | pter 7. Go to  | ine 18.   |                   |   |
|      | Do you estimate that after any exempt property is excluded and                                       |  | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? |                |   |                   |   |
|      | administrative expenses<br>are paid that funds will<br>be available for<br>distribution to unsecured |  | No  |                |   |                   |   |
|      |  |  | Yes   |                |   |                   |   |
|      | creditors?   |  |   |                |   |                   |   |
|      | How many Creditors do you estimate that you owe?   | <b>1</b> -49   |   |                | 1,000-5,000   | □ 25              | 5,001-50,000  |
|      |  | 50-99  |   |                | 5001-10,000   |                   | 0,001-100,000   |
|      |  | □ 100-199 □ 10,001-25,000 □ More than100,000 □ 200-999                   |   |                |   |                   | ore than 100,000  |
| 19.  | How much do you  | <b>■</b> \$0 - \$50,0  | 200   |                | \$1,000,001 - \$10 million                                      | □ \$5             | 500,000,001 - \$1 billion                                       |
|      | estimate your assets to be worth?  | □ \$50,001 - \$100,000 □ \$100,001 - \$500,000 □ \$500,001 - \$1 million |   |                | \$10,000,001 - \$50 million                                     | □ \$1             | ,000,000,001 - \$10 billion                                     |
|      |  |  |   |                | \$50,000,001 - \$100 million<br>\$100,000,001 - \$500 million   |                   | 0,000,000,001 - \$50 billion<br>ore than \$50 billion           |
|      |  | \$500,001  | - \$1 million   |                | Ψ100,000,001 - ψ000 million                                     |                   | ore than 400 billion  |
| 20.  | How much do you  | <b>\$0 - \$50,0</b>  | 000   |                | \$1,000,001 - \$10 million                                      |                   | 500,000,001 - \$1 billion                                       |
|      | estimate your liabilities to be?   | \$50,001   |   |                | \$10,000,001 - \$50 million<br>\$50,000,001 - \$100 million     |                   | 1,000,000,001 - \$10 billion<br>10,000,000,001 - \$50 billion   |
|      |  | □ \$100,001<br>□ \$500,001   |   |                | \$100,000,001 - \$500 million                                   |                   | lore than \$50 billion  |
|      |  |  | <u> </u>  |                |   |                   |   |
| Part | 7: Sign Below  |  |   |                |   |                   |   |
| For  | you  | I have exami   | ned this petition, and  | I declare unde | er penalty of perjury that the in                               | nformation provi  | ided is true and correct.                                       |
|      |  |  |   |                | are that I may proceed, if elig<br>able under each chapter, and |                   | pter 7, 11,12, or 13 of title 11, occeed under Chapter 7.       |
|      |  |  |   |                | agree to pay someone who i<br>equired by 11 U.S.C. § 342(b      |                   | ey to help me fill out this                                     |
|      |  | I request reli   | ef in accordance with   | the chapter of | title 11, United States Code,                                   | specified in this | s petition.   |
|      |  | bankruptcy of and 3571.  | case can result in fines  | up to \$250,00 | ng property, or obtaining mon<br>00, or imprisonment for up to  |                   | by fraud in connection with a th. 18 U.S.C. §§ 152, 1341, 1519, |
|      |  |  | st AB Rothenburg<br>AB Rothenburg   |                | Signature of D  | ebtor 2           |   |
|      |  | Signature of   |   |                | 2.g 3. 2  |                   |   |
|      |  | Executed on  | March 29, 2019  |                | Executed on   |                   |   |
|      |  |  | MM / DD / YYYY  |                | <del></del>   | MM / DD / YYY     | Υ   |

For your attorney, if you are represented by one

Debtor 1

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ David P. Skillman                  | Date          | March 29, 2019               |
|--|---------------|------------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY               |
| David P. Skillman                      |               |                              |
| Printed name                           |               |                              |
| Bottner & Skillman, Attorneys At Law   |               |                              |
| 116 West Washington Street, Suite 2A   |               |                              |
| P.O. Box 344                           |               |                              |
| Charles Town, WV 25414                 |               |                              |
| Number, Street, City, State & ZIP Code |               |                              |
| Contact phone 304-728-0158             | Email address | dhostler@bottnerskillman.com |
| 10224 WV                               |               |                              |
| Bar number & State                     |               |                              |

| Fill          | in this info@nat@nty identify your base 1 Filed 03/29/19 Entered 03/29/19 13:08:10  | Page 8              | 3 of 54                     |
|---------------|---|---------------------|-----------------------------|
| Deb           | tor 1 Amethyst AB Rothenburg  |                     |                             |
| Det           | First Name Middle Name Last Name  tor 2   |                     |                             |
|               | First Name Middle Name Last Name  |                     |                             |
| Uni           | ed States Bankruptcy Court for the: NORTHERN DISTRICT OF WEST VIRGINIA  |                     |                             |
| Cas<br>(if kn | e number  | _                   | if this is an<br>led filing |
| ۰.            | " =   |                     |                             |
|               | icial Form 106Sum mmary of Your Assets and Liabilities and Certain Statistical Information  | 4                   | 045                         |
| Be a          | s complete and accurate as possible. If two married people are filing together, both are equally responsible for mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend original forms, you must fill out a new Summary and check the box at the top of this page. | or supplying        |                             |
| Par           | 1: Summarize Your Assets  |                     |                             |
|               |   | Your as<br>Value of | sets<br>f what you own      |
| 1.            | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$                  | 0.00                        |
|               | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$                  | 9,795.00                    |
|               | 1c. Copy line 63, Total of all property on Schedule A/B   | \$                  | 9,795.00                    |
| Par           | 2: Summarize Your Liabilities   |                     |                             |
|               |   | Your lia            |                             |
|               |   | Amount              | you owe                     |
| 2.            | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  | \$                  | 17,609.00                   |
| 3.            | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$                  | 0.00                        |
|               | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$                  | 25,231.48                   |
|               | Your total liabilities  | \$                  | 42,840.48                   |
| Par           | 3: Summarize Your Income and Expenses   |                     |                             |
| 4.            | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$                  | 2,170.49                    |
| 5.            | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$                  | 2,241.21                    |
| Par           | 4: Answer These Questions for Administrative and Statistical Records  |                     |                             |
| 6.            | Are you filing for bankruptcy under Chapters 7, 11, or 13?  ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you  | ur other sch        | edules.                     |
| 7.            | ■ Yes What kind of debt do you have?  |                     |                             |
|               | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.   | a personal,         | family, or                  |
|               | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules.   | box and su          | bmit this form to           |

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 2,583.33

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

| Fill in      | th <mark>is</mark> inf@m  | ation to (lentify your                            | Case and the filing 3/29/19  | Entered 03/29/1               | L9 13:08:10           | Page 10 of 54   |
|--------------|---------------------------|---|--|-------------------------------|-----------------------|---|
| Debto        | or 1                      | Amethyst AB Rot                                   |  |                               |                       |   |
| Debto        | or 2                      | First Name  | Middle Name  | Last Name                     |                       |   |
|              | e, if filing)             | First Name  | Middle Name  | Last Name                     |                       |   |
| Unite        | d States Ban              | kruptcy Court for the:                            | NORTHERN DISTRICT OF WES   | T VIRGINIA                    |                       |   |
| Case         | number                    |   |  |                               |                       | ☐ Check if this is a amended filing   |
|              |                           |   |  |                               |                       | ae.aaag   |
| ∩ffi         | cial For                  | m 106A/B  |  |                               |                       |   |
|              |                           | _   | ortv   |                               |                       | 4544  |
|              |                           | A/B: Prop   | e items. List an asset only once. If a   | n asset fits in more than one | o catogory list the a | 12/15   |
| think it     | fits best. Be             | as complete and accura<br>space is needed, attach | te as possible. If two married people<br>a separate sheet to this form. On the | are filing together, both are | equally responsible   | e for supplying correct   |
| Part 1       | Describe E                | ach Residence, Building                           | յ, Land, or Other Real Estate You Ow   | n or Have an Interest In      |                       |   |
| 1. <b>Do</b> | you own or ha             | ave any legal or equitable                        | e interest in any residence, building,   | land, or similar property?    |                       |   |
| <b>I</b>     | No. Go to Part            | 2.  |  |                               |                       |   |
| _            | es. Where is              |   |  |                               |                       |   |
|              | <b>=</b>                  |   |  |                               |                       |   |
| Part 2       | Describe Y                | our Vehicles                                      |  |                               |                       |   |
|              |                           |   | uitable interest in any vehicles, wile, also report it on Schedule G: Ex       |                               |                       | any vehicles you own that   |
| 3. <b>Ca</b> | rs, vans, tru             | cks, tractors, sport ut                           | ility vehicles, motorcycles  |                               |                       |   |
|              | No                        |   |  |                               |                       |   |
|              | Yes                       |   |  |                               |                       |   |
|              |                           |   |  |                               |                       |   |
| 3.1          | Make: C                   | hrysler   | Who has an interest in the   | property? Check one           |                       | cured claims or exemptions. Put v secured claims on Schedule D:                   |
|              |                           | own & Country                                     | Debtor 1 only  |                               |                       | ave Claims Secured by Property.   |
|              |                           | 013   | Debtor 2 only  Debtor 1 and Debtor 2 only                                      |                               | Current value of      |   |
|              | Approximate Other inform  |   | Debtor 1 and Debtor 2 o  ☐ At least one of the debtor                          | •                             | entire property?      | portion you own?  |
|              | Location:                 | 164 Stuckey Court                                 |  | 13 and another                | *                     |   |
|              |                           | irg WV 25401 fair                                 | Check if this is commu   | nity property                 | \$8,000               | 0.00 \$8,000.0  |
|              | <i>mples:</i> Boats<br>No |   | TVs and other recreational vehiconal watercraft, fishing vessels, sno          |                               |                       |   |
|              |                           |   | you own for all of your entries fro<br>Write that number here                  |                               |                       | \$8,000.00  |
| Part 3       | Describe Y                | our Personal and House                            | ehold Items  |                               |                       |   |
|              |                           |   | able interest in any of the follow   | ing items?                    |                       | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Ex           |                           | ods and furnishings<br>or appliances, furniture   | , linens, china, kitchenware   |                               |                       | claims of exemptions.   |

Official Form 106A/B Schedule A/B: Property page 1

| Debtor 1No.  | <del>ულსაჩინტასცისტა</del> ც 1 Filed 03/29/19 Entered 03/29/19 13:0  | 08.10 Page 11 of 54                      |
|--|--|--|
| Yes. De  |  | •  |
|  | six cube organizer, end table, metal filing cabinet  | \$50.00                                  |
| 7. Electronics Examples:  No Yes. De               | Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanner including cell phones, cameras, media players, games | s; music collections; electronic devices |
|  | cell phone, samsung Note 9<br>Location: 164 Stuckey Court, Martinsburg WV 25401  | \$50.00                                  |
|  | Kitchen Aid Mixer; Airfry cooker, two crock pots, a set of pioneer woman cookware; silverware caddy, lazy susan.                                       | \$30.00                                  |
| 8. Collectible  Examples:  No  Yes. De             | Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; state other collections, memorabilia, collectibles | amp, coin, or baseball card collections; |
| 9. Equipment Examples:  No Yes. De                 | for sports and hobbies  Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis musical instruments  scribe | s; canoes and kayaks; carpentry tools;   |
| 10. Firearms  Examples  ■ No □ Yes. De             | : Pistols, rifles, shotguns, ammunition, and related equipment scribe  |  |
| 11. Clothes  Examples  □ No  ■ Yes. De             | Everyday clothes, furs, leather coats, designer wear, shoes, accessories   |  |
|  | clothing, adult and child  | \$75.00                                  |
| 12. <b>Jewelry</b> Examples □ No ■ Yes. De         | Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watche scribe  | s, gems, gold, silver                    |
|  | necklace w/birthstones; opal and amethyst ring,<br>Location: 164 Stuckey Court, Martinsburg WV 25401   | \$45.00                                  |
| 13. <b>Non-farm</b> <i>Examples</i> □ No ■ Yes. De | Dogs, cats, birds, horses  |  |
| . 30. 50   | 2 felines, and 1 dog, of no particular exceptional value<br>Location: 164 Stuckey Court, Martinsburg WV 25401  | \$0.00                                   |

14. Any other personal and household items you did not already list, including any health aids you did not list

■ No

Official Form 106A/B Schedule A/B: Property page 2

| joint venture  No Yes. Give spectors  O. Government and Negotiable instrution Non-negotiable in No No Yes. Give spectors  1. Retirement or per Examples: Interest | uments include personal checks, of instruments are those you cannot diffic information about them sugar name:  | egotiable and non-negotiable instruments cashiers' checks, promissory notes, and money orders. transfer to someone by signing or delivering them.  ), 403(b), thrift savings accounts, or other pension or profit-sharing plan | าร  |
|---|--|--|---|
| joint venture  No Yes. Give spectors.  O. Government and Negotiable instruction. Non-negotiable in No Yes. Give spectors.  Retirement or per Examples: Interest.  | Name of entity:  d corporate bonds and other ne uments include personal checks, of instruments are those you cannot  iffic information about them Issuer name: | % of ownership:  egotiable and non-negotiable instruments cashiers' checks, promissory notes, and money orders.  transfer to someone by signing or delivering them.  | ട   |
| joint venture  No Yes. Give spectors.  O. Government and Negotiable instruments. Non-negotiable in No   | Name of entity:  d corporate bonds and other neuments include personal checks, of instruments are those you cannot diffic information about them               | % of ownership: egotiable and non-negotiable instruments cashiers' checks, promissory notes, and money orders.   |   |
| joint venture  No Yes. Give spectors.  O. Government and Negotiable instru  | Name of entity:  d corporate bonds and other ne uments include personal checks, of   | % of ownership: egotiable and non-negotiable instruments cashiers' checks, promissory notes, and money orders.   |   |
| joint venture ■ No  |  |  |   |
| joint venture   |  |  |   |
|   | ded stock and interests in inco  | rporated and unincorporated businesses, including an interest in   | an LLC, partnership, an   |
| ■ No<br>□ Yes   | Institution or issu  | er name:   |   |
| Examples: Bond  | unds, or publicly traded stocks<br>funds, investment accounts with   | s<br>brokerage firms, money market accounts  |   |
|   | 17.2.  | Navy Federal   | \$5.00  |
|   | Checking-<br>17.1. OVERDRAWN   | N \$392 Navy FCU   | \$0.00  |
| ■ Yes   |  | Institution name:  |   |
| ,   | king, savings, or other financial ad   | ccounts; certificates of deposit; shares in credit unions, brokerage hourints with the same institution, list each.  | ses, and other similar  |
|   |  | Cash   | \$40.00   |
| □ No  |  |  |   |
| 6. <b>Cash</b> Examples: Mone   | ev vou have in vour wallet. in vour  | home, in a safe deposit box, and on hand when you file your petition   |   |
| Do you own or have  | e any legal or equitable interest  | in any of the following?   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Part 4: Describe You  |  |  |   |
|   |  | n Part 3, including any entries for pages you have attached  | \$250.00  |
|   |  |  |   |

■ No

| De  | ebtor 1 Amethyst A  | Brothenburg 1                                       | Filed 03/20/10               | Entered 03/29/19 13:08                        | known) Page 13 of 54  |
|-----|---|---|------------------------------|---|---|
|     | ☐ Yes   | 00230   |                              | me or individual:                             | .10 + age 10 01 04  |
| 23. | Annuities (A contract fo  | or a periodic payment of                            | money to you, either for l   | ife or for a number of years)                 |   |
|     |   | suer name and description                           | on.                          |   |   |
| 24. | Interests in an education 26 U.S.C. §§ 530(b)(1), ■ No                  | on IRA, in an account in 529A(b), and 529(b)(1).    | ո a qualified ABLE proç      | gram, or under a qualified state tuiti        | ion program.  |
|     |   | stitution name and descr                            | ription. Separately file the | e records of any interests.11 U.S.C. §        | 521(c):   |
| 25. | No  |   | ty (other than anything      | listed in line 1), and rights or power        | ers exercisable for your benefit  |
|     | ☐ Yes. Give specific inf  | formation about them                                |                              |   |   |
| 26. | Patents, copyrights, tr<br>Examples: Internet don                       | rademarks, trade secret<br>nain names, websites, pr |                              |   |   |
|     | ☐ Yes. Give specific inf  | formation about them                                |                              |   |   |
| 27. | Licenses, franchises,<br>Examples: Building per<br>■ No                 |   |                              | holdings, liquor licenses, professiona        | I licenses  |
|     | ☐ Yes. Give specific inf  | formation about them                                |                              |   |   |
| M   | oney or property owed   | to you?   |                              |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to y   | ou ou   |                              |   |   |
|     | ■ No<br>□ Yes. Give specific info                                       | ormation about them, inc                            | luding whether you alrea     | dy filed the returns and the tax years.       | <br>  |
| 29. | Family support  Examples: Past due or  ■ No                             | lump sum alimony, spou                              | ısal support, child suppor   | t, maintenance, divorce settlement, p         | roperty settlement  |
|     | Yes. Give specific info   | ormation  |                              |   |   |
| 30. | benefits; un  |   |                              | fits, sick pay, vacation pay, workers'        | compensation, Social Security   |
|     | <ul><li>■ No</li><li>□ Yes. Give specific inf</li></ul>                 | formation   |                              |   |   |
| 31. | Interests in insurance Examples: Health, disa                           |   | ealth savings account (H     | SA); credit, homeowner's, or renter's         | insurance   |
|     | <ul><li>■ No</li><li>□ Yes. Name the insura</li></ul>                   | ance company of each no                             | olicy and list its value     |   |   |
|     | a res. Name the insure  | Company name:                                       | mey and list its value.      | Beneficiary:                                  | Surrender or refund value:  |
| 32. | Any interest in proper<br>If you are the beneficia<br>someone has died. |   |                              | I<br>urance policy, or are currently entitled | to receive property because   |
|     | ■ No □ Yes. Give specific inf   | formation   |                              |   |   |
| 22  |   |   |                              |   |   |
| JJ. |   | arties, whether or not yemployment disputes, ins    |                              | or made a demand for payment to sue           |   |

| Debtor 1 No. Amethyst AB Rothenburg 1 Filed 0  | 3/29/19             | Entered 0         | 3/29/19 13:08:10            | Page 14 of 54          |
|--|---------------------|-------------------|-----------------------------|------------------------|
| 34. Other contingent and unliquidated claims of every nature   |                     |                   |                             | ant off plaims         |
| No   | ire, including c    | Ounterclaims      | of the debtor and rights to | Set on Claims          |
| ☐ Yes. Describe each claim   |                     |                   |                             |                        |
| 35. Any financial assets you did not already list  |                     |                   |                             |                        |
| No   |                     |                   |                             |                        |
| ☐ Yes. Give specific information   |                     |                   |                             |                        |
|  |                     |                   | I                           |                        |
| 36. Add the dollar value of all of your entries from Part 4, if for Part 4. Write that number here   |                     |                   |                             | \$1,545.00             |
|  |                     |                   |                             |                        |
| Part 5: Describe Any Business-Related Property You Own or Have   | e an Interest In. L | List any real est | ate in Part 1.              |                        |
| 37. Do you own or have any legal or equitable interest in any busine   | ess-related prop    | erty?             |                             |                        |
| No. Go to Part 6.  |                     |                   |                             |                        |
| ☐ Yes. Go to line 38.  |                     |                   |                             |                        |
|  |                     |                   |                             |                        |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Prop If you own or have an interest in farmland, list it in Part 1.  | perty You Own or    | r Have an Intere  | st In.                      |                        |
| ii you own or have an interest in farmland, list it iii i art i.   |                     |                   |                             |                        |
| 46. Do you own or have any legal or equitable interest in an   | ny farm- or con     | nmercial fishi    | ng-related property?        |                        |
| No. Go to Part 7.  |                     |                   |                             |                        |
| ☐ Yes. Go to line 47.  |                     |                   |                             |                        |
| Date in All Date of Manager In the Control of the C | The Victorian       |                   |                             |                        |
| Part 7: Describe All Property You Own or Have an Interest in   | I That You Did No   | ot List Above     |                             |                        |
| 53. Do you have other property of any kind you did not alre  | eady list?          |                   |                             |                        |
| Examples: Season tickets, country club membership  ■ No  |                     |                   |                             |                        |
| ☐ Yes. Give specific information   |                     |                   |                             |                        |
| <u> </u>   |                     |                   | ŗ                           |                        |
| 54. Add the dollar value of all of your entries from Part 7.   | Write that num      | ber here          |                             | \$0.00                 |
|  |                     |                   | l                           |                        |
| Part 8: List the Totals of Each Part of this Form  |                     |                   |                             |                        |
| 55. Part 1: Total real estate, line 2  |                     |                   |                             | \$0.00                 |
| 56. Part 2: Total vehicles, line 5   |                     | \$8,000.00        |                             |                        |
| 57. Part 3: Total personal and household items, line 15  |                     | \$250.00          |                             |                        |
| 58. Part 4: Total financial assets, line 36  |                     | \$1,545.00        |                             |                        |
| 59. Part 5: Total business-related property, line 45   |                     | \$0.00            |                             |                        |
| 60. Part 6: Total farm- and fishing-related property, line 52  |                     | \$0.00            |                             |                        |
| 61. Part 7: Total other property not listed, line 54   | +                   | \$0.00            |                             |                        |
| 62. <b>Total personal property.</b> Add lines 56 through 61  |                     | \$9,795.00        | Copy personal property to   | otal <b>\$9,795.00</b> |
| 63. Total of all property on Schedule A/B. Add line 55 + line  | e 62                |                   |                             | \$9,795.00             |
|  |                     |                   |                             |                        |

Official Form 106A/B Schedule A/B: Property page 5

| Fill in this info   | m <mark>agon to (dentify)</mark> you                      | <b>ா⊚ை:</b> 1 Filed 03/2      | 9/19 Entered 03/29  | 9/19 13:08:10           | Page 15 of 54                      |
|---------------------|---|-------------------------------|---|-------------------------|------------------------------------|
| Debtor 1            | Amethyst AB R   |                               |   |                         | · ·                                |
|                     | First Name  | Middle Name                   | Last Name   |                         |                                    |
| Debtor 2            |   |                               |   |                         |                                    |
| (Spouse if, filing) | First Name  | Middle Name                   | Last Name   |                         |                                    |
| United States Ba    | ankruptcy Court for the:                                  | NORTHERN DISTRICT             | OF WEST VIRGINIA  |                         |                                    |
| Case number         |   |                               |   |                         |                                    |
| (if known)          |   |                               |   |                         | Check if this is an amended filing |
| Official Fo         | orm 106C  |                               |   |                         |                                    |
|                     |   | roperty You C                 | laim as Exem <sub>l</sub>   | ot                      | 4/1                                |
| the property you    | listed on <i>Schedule A/B</i><br>nd attach to this page a | : Property (Official Form 106 | filing together, both are equally A/B) as your source, list the proditional Page as necessary. On | operty that you claim a | as exempt. If more space is        |

and

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | It 1: Identify the Property You Claim as Exempt  |   |        |   |                                    |  |  |  |  |
|----|--|---|--------|---|------------------------------------|--|--|--|--|
| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.              |   |        |   |                                    |  |  |  |  |
|    | You are claiming state and federal nonban  | kruptcy exemptions.   | 11 U.S | S.C. § 522(b)(3)  |                                    |  |  |  |  |
|    | ☐ You are claiming federal exemptions. 11 l  | U.S.C. § 522(b)(2)  |        |   |                                    |  |  |  |  |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below.             |   |        |   |                                    |  |  |  |  |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property                         | Current value of the portion you own                                    | Am     | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |  |  |
|    |  | Copy the value from Check only one box for each exemption. Schedule A/B |        |   |                                    |  |  |  |  |
|    | six cube organizer, end table, metal   | \$50.00   |        | \$50.00   | W. Va. Code § 38-10-4(c)           |  |  |  |  |
|    | filing cabinet Line from Schedule A/B: 6.1   |   |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
|    | cell phone, samsung Note 9   | \$50.00   |        | \$50.00   | W. Va. Code § 38-10-4(c)           |  |  |  |  |
|    | Location: 164 Stuckey Court, Martinsburg WV 25401 Line from Schedule A/B: 7.1                                  |   |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
|    | Kitchen Aid Mixer; Airfry cooker, two  | \$30.00   |        | \$30.00   | W. Va. Code § 38-10-4(c)           |  |  |  |  |
|    | crock pots, a set of pioneer woman cookware; silverware caddy, lazy susan. Line from Schedule A/B: 7.2         |   |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
|    | clothing, adult and child Line from Schedule A/B: 11.1   | \$75.00   |        | \$75.00   | W. Va. Code § 38-10-4(e)           |  |  |  |  |
|    | Line from Schedule AVB: 11.1   |   |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
|    | necklace w/birthstones; opal and   | \$45.00   |        | \$45.00   | W. Va. Code § 38-10-4(d)           |  |  |  |  |
|    | amethyst ring,<br>Location: 164 Stuckey Court,<br>Martinsburg WV 25401<br>Line from <i>Schedule A/B</i> : 12.1 |   |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |

| De | btor 1 Amethyst AB Rothenburg OC 1   | Filed 03/29/1                        | <u> </u>   | Entered 03/29/19(143.40)  | 8:1 <del>0 Page 16 of 54</del>     |
|----|--|--------------------------------------|------------|---|------------------------------------|
|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo        | ount of the exemption you claim                                 | Specific laws that allow exemption |
|    |  | Copy the value from<br>Schedule A/B  | Che        | eck only one box for each exemption.                            |                                    |
|    | Cash Line from Schedule A/B: 16.1  | \$40.00                              |            | \$40.00   | W. Va. Code § 38-10-4(e)           |
|    | Zine nom esticate / v Zi v ev  |                                      |            | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Checking- OVERDRAWN \$392: Navy FCU  | \$0.00                               |            | \$0.00  | W. Va. Code § 38-10-4(e)           |
|    | Line from Schedule A/B: 17.1   |                                      |            | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Checking- OVERDRAWN \$392: Navy FCU  | \$0.00                               |            | \$0.00  | W. Va. Code § 38-10-4(e)           |
|    | Line from Schedule A/B: 17.1   |                                      |            | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Checking- OVERDRAWN \$392: Navy FCU  | \$0.00                               |            | \$0.00  | W. Va. Code § 38-10-4(e)           |
|    | Line from Schedule A/B: 17.1   |                                      |            | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Navy Federal Line from Schedule A/B: 17.2  | \$5.00                               |            | \$5.00  | W. Va. Code § 38-10-4(e)           |
|    | Ellie Holli osilodalo 702. TT12  |                                      |            | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3   |                                      |            | led on or after the date of adjustme                            | nt.)                               |
|    | No   | ad bar than arrange of               | 10 to 10 a | OAE deve before your fled of                                    |                                    |
|    | Yes. Did you acquire the property covered No   | ea by the exemption w                | itnin 1    | ,215 days before you filed this case                            | <i>'</i>                           |
|    | ☐ Yes  |                                      |            |   |                                    |
|    |  |                                      |            |   |                                    |

| Fill in this informat  | on to (dentify) you                            | rcae:1 Filed 03/29/19 Entered   | d 03/29/19 13:   | <mark>08</mark> :10 Page 1                             | .7 of 54                          |
|--|--|---|--|--|-----------------------------------|
| Debtor 1   | Amethyst AB R                                  |   |  |  |                                   |
| Debtor 2   | First Name                                     | Middle Name Last Name   |  |  |                                   |
| _  | First Name                                     | Middle Name Last Name   |  | •  |                                   |
| United States Bankr  | uptcy Court for the                            | NORTHERN DISTRICT OF WEST VIRGINIA  |  |  |                                   |
| Case number (if known)   |  |   |  | _  | if this is an<br>ded filing       |
| Official Form  | 106D   |   |  |  |                                   |
|  |  | Who Have Claims Secured   | by Propert   | у  | 12/15                             |
| is needed, copy the Adnumber (if known).  1. Do any creditors ha | dditional Page, fill it<br>ve claims secured b | his form to the court with your other schedules. Yo   | the top of any addition                                | nal pages, write your na                               |                                   |
| Part 1: List All S   | ecured Claims                                  |   |  |  |                                   |
| for each claim. If more  | than one creditor has                          | more than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.                    | Amount of claim Do not deduct the value of collateral. | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 Pnc Bank   |  | Describe the property that secures the claim:   | \$17,609.00  | \$8,000.00   | \$9,609.00                        |
| Atn: Bankru Department Po Box 9498 Br-Yb58-01-                   | 32: Ms:<br>5<br>DH 44101                       | 2013 Chrysler Town & Country 200000 miles Location: 164 Stuckey Court, Martinsburg WV 25401 fair condition As of the date you file, the claim is: Check all that apply.  Contingent |  |  |                                   |
| Number, Street, Cit  | y, State & Zip Code                            | ☐ Unliquidated  |  |  |                                   |
| Who owes the debt?   | ? Check one.                                   | ☐ Disputed  Nature of lien. Check all that apply.   |  |  |                                   |
| ☐ Debtor 1 only ☐ Debtor 2 only                                  |  | ☐ An agreement you made (such as mortgage or sectoral loan)   | ured   |  |                                   |
| ☐ Debtor 1 and Debto   | or 2 only                                      | ☐ Statutory lien (such as tax lien, mechanic's lien)  |  |  |                                   |
| At least one of the  | debtors and another                            | ☐ Judgment lien from a lawsuit  |  |  |                                   |
| Check if this claim community debt                               | n relates to a                                 | Other (including a right to offset)   |  |  |                                   |
| Date debt was incurre  | Opened<br>05/16 Last<br>Active<br>4/09/18      | Last 4 digits of account number 6972  |  |  |                                   |
|  |  |   |  |  |                                   |
| Add the dollar value   | e of your entries in C                         | olumn A on this page. Write that number here:   | \$17,60  | 09.00  |                                   |
| If this is the last pag<br>Write that number h                   |  | the dollar value totals from all pages.   | \$17,60  | 9.00   |                                   |

# Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|  |  |  |   |   | _   |
|--|--|--|---|---|---|
| Fill in this info  | mation to dentify your   | dome: 1 Filed  | 03/29/19 Entere   | ed 03/29/19 13:0  | 8:10 Page 18 of 54  |
| Debtor 1   | Amethyst AB Rot  | henburg  |   |   |   |
|  | First Name   | Middle Name  | Last Name   |   |   |
| Debtor 2<br>(Spouse if, filing)  | First Name   | Middle Name  | Last Name   |   |   |
| United States Ba   | ankruptcy Court for the:   | NORTHERN DIS   | TRICT OF WEST VIRGINI   | Α   |   |
| Case number (if known)   |  |  |   |   | ☐ Check if this is an amended filing  |
| Official For   | m 106E/F<br>E/F: Creditors W   | /ho Have Un  | secured Claims  |   | 12/15   |
| any executory cor<br>Schedule G: Exec<br>Schedule D: Credi<br>eft. Attach the Co<br>name and case nu | ntracts or unexpired leases<br>utory Contracts and Unexp<br>itors Who Have Claims Sec<br>untinuation Page to this pag<br>umber (if known). | that could result in a<br>ired Leases (Official<br>ured by Property. If n<br>ge. If you have no info | claim. Also list executory of<br>Form 106G). Do not include<br>nore space is needed, copy t | ontracts on Schedule A/B<br>any creditors with partiall<br>he Part you need, fill it ou | ONPRIORITY claims. List the other parts: Property (Official Form 106A/B) and of y secured claims that are listed in at, number the entries in the boxes on the top of any additional pages, write you |
|  | All of Your PRIORITY Ur  |  |   |   |   |
| _ `  | tors have priority unsecure  | d claims against you   | ?   |   |   |
| No. Go to  | Part 2.  |  |   |   |   |
| ☐ Yes.   |  |  |   |   |   |
| Part 2: List A   | All of Your NONPRIORIT   | Y Unsecured Clair  | ns  |   |   |
| 3. Do any credit   | tors have nonpriority unsec  | cured claims against   | you?  |   |   |
| ☐ No. You ha   | ave nothing to report in this p  | art. Submit this form to   | the court with your other sche  | dules.  |   |
| Yes.   |  |  |   |   |   |
| unsecured cla  | aim, list the creditor separatel   | y for each claim. For ea   | ach claim listed, identify what t   | ype of claim it is. Do not list   | ditor has more than one nonpriority claims already included in Part 1. If more d claims fill out the Continuation Page of   |
|  |  |  |   |   | Total claim   |
| 4.1 City Ho  | ospital  | Last   | 4 digits of account number  | 2182,5513,6<br>431  | \$402.  |
|  | ity Creditor's Name  |  | n was the debt incurred?  | 401   |   |
|  | ntown, WV 26507-086<br>Street City State Zip Code  |  | the date you file, the claim i  | s: Check all that apply   |   |
|  | urred the debt? Check one.   |  |   |   |   |
| ■ Debto  | or 1 only  | □с   | ontingent   |   |   |
| ☐ Debto  | or 2 only  |  | nliquidated   |   |   |
|  | or 1 and Debtor 2 only   |  | sputed  |   |   |
| _  | ast one of the debtors and an  | _  | of NONPRIORITY unsecured  | l claim:  |   |
|  | k if this claim is for a com   |  | udent loans   |   |   |
| debt   | aim subject to offset?   |  | bligations arising out of a sepa<br>t as priority claims                                    | ration agreement or divorce   | that you did not  |
| ■ No   |  | •  | ebts to pension or profit-sharin  | g plans, and other similar de   | ebts  |
| ☐ Yes  |  | <b>■</b> O:  | ther. Specify   |   |   |
|  |  | - 0  | ·   |   |   |

| Debtor | 1NAmethyst AB Rotherburg oc 1                                  | <del>Filed 03/29/19</del> Entered 03/29/19 13:08:10 Page  | 19 of 54   |
|--------|--|---|------------|
| 4.2    | Comcast Cable Communications                                   | Last 4 digits of account number 7014  | \$642.57   |
|        | Nonpriority Creditor's Name PO Box 3006                        | When was the debt incurred?   |            |
|        | Southeastern, PA 19398-3006  Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.                              | The of the date you me, the dam let officer all that apply  |            |
|        | Debtor 1 only  | ☐ Contingent  |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|        | ☐ Debtor 1 and Debtor 2 only                                   | ☐ Disputed  |            |
|        | ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                       | ☐ Student loans   |            |
|        | debt   | $\square$ Obligations arising out of a separation agreement or divorce that you did not                   |            |
|        | Is the claim subject to offset?                                | report as priority claims   |            |
|        | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|        | Yes  | Other. Specify  |            |
| 4.3    | Credit Collections USA, LLC                                    | Last 4 digits of account number 6601  | \$6,750.00 |
|        | Nonpriority Creditor's Name  16 Distributor Drive              | When we the debt incurred? Opened 06/47   |            |
|        | Suite 1  | When was the debt incurred? Opened 06/17  |            |
|        | Morgantown, WV 26501   |   |            |
|        | Number Street City State Zip Code                              | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.                              |   |            |
|        | ■ Debtor 1 only  | ☐ Contingent  |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|        | ☐ Debtor 1 and Debtor 2 only                                   | ☐ Disputed  |            |
|        | ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                       | ☐ Student loans   |            |
|        | debt Is the claim subject to offset?                           | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|        | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |            |
|        |  | Collection Attorney Tri State Surgical  |            |
|        | Yes  | Other. Specify Center   |            |
| 4.4    | Credit Collections USA, LLC                                    | Last 4 digits of account number 6602  | \$2,590.00 |
|        | Nonpriority Creditor's Name  16 Distributor Drive              | When was the debt incurred? Opened 08/17  |            |
|        | Suite 1  | When was the debt incurred: Opened 00/17  |            |
|        | Morgantown, WV 26501   |   |            |
|        | Number Street City State Zip Code                              | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.                              |   |            |
|        | Debtor 1 only  | ☐ Contingent  |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|        | ☐ Debtor 1 and Debtor 2 only                                   | ☐ Disputed  |            |
|        | $\square$ At least one of the debtors and another              | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                       | ☐ Student loans   |            |
|        | debt   | Obligations arising out of a separation agreement or divorce that you did not                             |            |
|        | Is the claim subject to offset?                                | report as priority claims   |            |
|        | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|        | Yes  | Collection Attorney Center For Ortho  Excellence  |            |

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|--------|---|--|---------------------------------------|--------------|--|--|
| 4.5    | Creditors Collection Service  | Last 4 digits of account number 32   | 30                                    | \$264.00     |  |  |
|        | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 21504                               | When was the debt incurred? Or   | pened 11/18                           | _            |  |  |
|        | Roanoke, VA 24018  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Ch                                      | eck all that apply                    |              |  |  |
|        | ■ Debtor 1 only   | ☐ Contingent   |                                       |              |  |  |
|        | Debtor 2 only   | ☐ Unliquidated   |                                       |              |  |  |
|        | Debtor 1 and Debtor 2 only  | ☐ Disputed   |                                       |              |  |  |
|        | $\square$ At least one of the debtors and another                                       | Type of NONPRIORITY unsecured clai   | m:                                    |              |  |  |
|        | ☐ Check if this claim is for a community  | ☐ Student loans  |                                       |              |  |  |
|        | debt Is the claim subject to offset?  | Obligations arising out of a separation report as priority claims              | agreement or divorce that you did not |              |  |  |
|        | ■ No  | Debts to pension or profit-sharing plan  | ns, and other similar debts           |              |  |  |
|        | ☐ Yes   | ■ Other. Specify Collection Atto   | rney Winchester Open Mri              | _            |  |  |
| 4.6    | Creditors Collection Service  | Last 4 digits of account number 40   | 90                                    | \$138.00     |  |  |
|        | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 21504                               | When was the debt incurred? Or   | pened 10/18                           | _            |  |  |
|        | Roanoke, VA 24018  Number Street City State Zip Code                                    | As of the date you file, the claim is: Ch                                      | eck all that apply                    |              |  |  |
|        | Who incurred the debt? Check one.   |  |                                       |              |  |  |
|        | Debtor 1 only   | ☐ Contingent   |                                       |              |  |  |
|        | Debtor 2 only   | ☐ Unliquidated   |                                       |              |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |                                       |              |  |  |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured clai   | m:                                    |              |  |  |
|        | ☐ Check if this claim is for a community  | ☐ Student loans  |                                       |              |  |  |
|        | debt Is the claim subject to offset?  | Obligations arising out of a separation report as priority claims              | agreement or divorce that you did not |              |  |  |
|        | ■ No  | Debts to pension or profit-sharing plan  | ns, and other similar debts           |              |  |  |
|        | ☐ Yes   | ■ Other. Specify Radiologists H  | rney Winchester<br>pm                 | _            |  |  |
| 4.7    | Creditors Collection Service Nonpriority Creditor's Name                                | Last 4 digits of account number 40   | 91                                    | \$138.00     |  |  |
|        | Attn: Bankruptcy Po Box 21504   | When was the debt incurred? Or   | pened 10/18                           | _            |  |  |
|        | Roanoke, VA 24018  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Ch                                      | eck all that apply                    |              |  |  |
|        | Debtor 1 only   | ☐ Contingent   |                                       |              |  |  |
|        | Debtor 2 only   | ☐ Unliquidated   |                                       |              |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  | □ Disputed   |                                       |              |  |  |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured clai   | m:                                    |              |  |  |
|        | ☐ Check if this claim is for a community  | ☐ Student loans  |                                       |              |  |  |
|        | debt Is the claim subject to offset?  | Obligations arising out of a separation report as priority claims              | agreement or divorce that you did not |              |  |  |
|        | ■ No  | lacktriangle Debts to pension or profit-sharing plans, and other similar debts |                                       |              |  |  |
|        | □Yes  | Collection Atto  Radiologists H  | rney Winchester<br>om                 | _            |  |  |

| Debtor | 1NAmethyst AB Bothenburg oc 1   | <del>Filed 03/29/19</del> Entered 83/29/19 19:08:10 Pa  | ige 21 of 54 |
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| 4.8    | Debt Collection Partners  | Last 4 digits of account number 3199  | \$58.00      |
|        | Nonpriority Creditor's Name Wes Mon Building 2 11 Commerce Dr, Ste 208 Westover, WV 26501 | When was the debt incurred? Opened 09/18  | _            |
|        | Number Street City State Zip Code  Who incurred the debt? Check one.                      | As of the date you file, the claim is: Check all that apply   |              |
|        | ■ Debtor 1 only   | ☐ Contingent  |              |
|        | Debtor 2 only   | ☐ Unliquidated  |              |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |              |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |              |
|        | ☐ Check if this claim is for a community  | ☐ Student loans   |              |
|        | debt Is the claim subject to offset?  | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | t            |
|        | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |              |
|        | Yes   | Collection Attorney Martinsburg Radiology Assoc. I  | ,<br>        |
| 4.9    | JP Recovery Services Inc  | Last 4 digits of account number 0436,0443   | \$422.53     |
|        | Nonpriority Creditor's Name PO Box 16749 Receive River OH 44416 0740                      | When was the debt incurred?   | _            |
|        | Rocky River, OH 44116-0749  Number Street City State Zip Code                             | As of the date you file, the claim is: Check all that apply   |              |
|        | Who incurred the debt? Check one.   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |              |
|        | ■ Debtor 1 only   | ☐ Contingent  |              |
|        | Debtor 2 only   | ☐ Unliquidated  |              |
|        | ☐ Debtor 1 and Debtor 2 only  | Disputed  |              |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |              |
|        | ☐ Check if this claim is for a community  | ☐ Student loans   |              |
|        | debt Is the claim subject to offset?  | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | t            |
|        | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |              |
|        | Yes   | Other. Specify  | _            |
| 4.1    | Midwest Recovery Systems  | Last 4 digits of account number 7066  | \$483.00     |
|        | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 899                                   | When was the debt incurred? Opened 10/18  |              |
|        | Florissant, MO 63032  Number Street City State Zip Code                                   | As of the date you file, the claim is: Check all that apply   |              |
|        | Who incurred the debt? Check one.   |   |              |
|        | ■ Debtor 1 only   | ☐ Contingent  |              |
|        | ☐ Debtor 2 only   | ☐ Unliquidated  |              |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |              |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |              |
|        | ☐ Check if this claim is for a community  | ☐ Student loans   |              |
|        | debt Is the claim subject to offset?  | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | t            |
|        | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |              |
|        | Yes   | Other. Specify Collection Attorney Healthcare Alliance Inc  | <del>;</del> |

| Debto    | NAmethystiAB Rothenburg OC 1  | Filed 03/29/19 Entere  | Gase 3729719 13:08: <del>10 Page 2</del>                            | 22 of 54   |  |  |
|----------|---|--|---|------------|--|--|
| 4.1<br>1 | One Advantage, LLC  | Last 4 digits of account number  | 7371  | \$0.00     |  |  |
|          | Nonpriority Creditor's Name PO Box 23920 Belleville, IL 62223   | When was the debt incurred?  |   |            |  |  |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                                      | As of the date you file, the claim   | s: Check all that apply   |            |  |  |
|          | Debtor 1 only   | ☐ Contingent   |   |            |  |  |
|          | Debtor 2 only   | ☐ Unliquidated   |   |            |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |  |  |
|          | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured  | I claim:  |            |  |  |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?                             | Student loans  |   |            |  |  |
|          |   | Obligations arising out of a separeport as priority claims                   | ration agreement or divorce that you did not                        |            |  |  |
|          | ■ No  | <u>-</u> ' ' '   | ☐ Debts to pension or profit-sharing plans, and other similar debts |            |  |  |
|          | Yes   | Other. Specify   |   |            |  |  |
| 1.1      | Phoenix Financial Services. LIc   | Last 4 digits of account number  | 7183  | \$894.00   |  |  |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 361450  | When was the debt incurred?  | Opened 08/18  |            |  |  |
|          | Indianapolis, IN 46236  | _  |   |            |  |  |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                                      | As of the date you file, the claim   | s: Check all that apply   |            |  |  |
|          | Debtor 1 only   |  |   |            |  |  |
|          | ☐ Debtor 2 only   | botor 1 only   |   |            |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |  |  |
|          | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured  | I claim:  |            |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |  |  |
|          | debt Is the claim subject to offset?  | Obligations arising out of a sepa<br>report as priority claims               | ration agreement or divorce that you did not                        |            |  |  |
|          | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts                                    |            |  |  |
|          | Yes   | ■ Other. Specify Collection Attorney Healthcare Alliance Inc                 |   |            |  |  |
| .1       | Pnc Bank  | Last 4 digits of account number  | 3025  | \$4,805.00 |  |  |
| _        | Nonpriority Creditor's Name Atn: Bankruptcy Department Po Box 94982: Ms: Br-Yb58-01-5 Cleveland, OH 44101 | When was the debt incurred?  | Opened 06/16 Last Active 7/26/18                                    |            |  |  |
|          | Number Street City State Zip Code   | As of the date you file, the claim   | s: Check all that apply   |            |  |  |
|          | Who incurred the debt? Check one.   |  |   |            |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent   |   |            |  |  |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |   |            |  |  |
|          | Debtor 1 and Debtor 2 only  | Disputed   |   |            |  |  |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured  | l claim:  |            |  |  |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?                             | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not                        |            |  |  |
|          | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts                                    |            |  |  |
|          | ☐ Yes   | Other. Specify Unsecured   |   |            |  |  |

| Debto    | r 1 Amethyst AB Rothenburg OC 1   | Filed 03/29/19 Entered 03/29/19 13:08:10 Page 2  | 23 of 54   |
|----------|---|--|------------|
| 4.1<br>4 | Portfolio Recovery  | Last 4 digits of account number 4090   | \$1,163.00 |
|          | Nonpriority Creditor's Name Po Box 41021 Norfolk, VA 23541              | When was the debt incurred? Opened 11/17   |            |
|          | Number Street City State Zip Code Who incurred the debt? Check one.     | As of the date you file, the claim is: Check all that apply  |            |
|          | Debtor 1 only   | ☐ Contingent   |            |
|          | Debtor 2 only   | ☐ Unliquidated   |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |            |
|          | ☐ At least one of the debtors and another                               | Type of NONPRIORITY unsecured claim:   |            |
|          | ☐ Check if this claim is for a community                                | ☐ Student loans  |            |
|          | debt Is the claim subject to offset?                                    | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |            |
|          | Yes   | ■ Other. Specify   |            |
| 4.1<br>5 | Potomas Edison  | Last 4 digits of account number 2138   | \$576.53   |
|          | Nonpriority Creditor's Name PO Box 3615 Akron, OH 44309-3615            | When was the debt incurred?  |            |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.    | As of the date you file, the claim is: Check all that apply  |            |
|          | Debtor 1 only   | ☐ Contingent   |            |
|          | Debtor 2 only   | ☐ Unliquidated   |            |
|          | ☐ Debtor 1 and Debtor 2 only  | □ Disputed   |            |
|          | ☐ At least one of the debtors and another                               | Type of NONPRIORITY unsecured claim:   |            |
|          | ☐ Check if this claim is for a community                                | ☐ Student loans  |            |
|          | debt Is the claim subject to offset?                                    | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                |            |
|          | ■ No  | Debts to pension or profit-sharing plans, and other similar debts  |            |
|          | Yes   | ■ Other. Specify   |            |
| 4.1<br>6 | Progressive Leasing   | Last 4 digits of account number  | \$3,958.85 |
|          | Nonpriority Creditor's Name PO Box 413110 Salt Lake City, UT 84141-3110 | When was the debt incurred?  |            |
|          | Number Street City State Zip Code Who incurred the debt? Check one.     | As of the date you file, the claim is: Check all that apply  |            |
|          | Debtor 1 only   | ☐ Contingent   |            |
|          | Debtor 2 only   | ☐ Unliquidated   |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |            |
|          | ☐ At least one of the debtors and another                               | Type of NONPRIORITY unsecured claim:   |            |
|          | ☐ Check if this claim is for a community                                | ☐ Student loans  |            |
|          | debt<br>Is the claim subject to offset?                                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                  |            |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts  |            |
|          | Yes   | ■ Other. Specify PMSI in furniture ruined in a flood   |            |

| Dept     | or 1NAmethyst AB Rotherburg OC 1                                     | Filed 03/29/19 Entered 03/29/19 13:08:10 Page 24 of 54              |   |          |  |  |
|----------|--|---|---|----------|--|--|
| 4.1<br>7 | Shenandoah Community Center  | Last 4 digits of account number                                     | 5225  | \$139.59 |  |  |
|          | Nonpriority Creditor's Name 99 Tavern Road Martinsburg, WV 25401     | When was the debt incurred?   |   |          |  |  |
|          | Number Street City State Zip Code                                    | As of the date you file, the claim                                  | is: Check all that apply                      |          |  |  |
|          | Who incurred the debt? Check one.                                    | _   |   |          |  |  |
|          | Debtor 1 only  | Contingent  |   |          |  |  |
|          | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                         | Unliquidated  |   |          |  |  |
|          |  | Disputed  | d eleter.                                     |          |  |  |
|          | At least one of the debtors and another                              | Type of NONPRIORITY unsecured  ☐ Student loans                      | a ciaim:                                      |          |  |  |
|          | ☐ Check if this claim is for a community debt                        | _   | ration agreement or divorce that you did not  |          |  |  |
|          | Is the claim subject to offset?                                      | report as priority claims   | iration agreement of arvoice that you did not |          |  |  |
|          | ■ No   | Debts to pension or profit-sharing                                  | g plans, and other similar debts              |          |  |  |
|          | Yes  | Other. Specify  |   |          |  |  |
| 4.1<br>3 | Synchrony Bank/Walmart   | Last 4 digits of account number                                     | 2049  | \$100.00 |  |  |
|          | Nonpriority Creditor's Name  Attn: Bankruptcy                        | _   | Opened 10/11/15 Least Active                  |          |  |  |
|          | Po Box 965060  | When was the debt incurred?   | Opened 10/14/15 Last Active 3/15/17           |          |  |  |
|          | Orlando, FL 32896  |   |   |          |  |  |
|          | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                                  | s: Check all that apply                       |          |  |  |
|          | ■ Debtor 1 only  | ☐ Contingent  |   |          |  |  |
|          | Debtor 2 only  | ☐ Unliquidated  |   |          |  |  |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |          |  |  |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                       | d claim:                                      |          |  |  |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans   |   |          |  |  |
|          | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims          | ration agreement or divorce that you did not  |          |  |  |
|          | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts |   |          |  |  |
|          | ☐ Yes  | ■ Other. Specify Credit Card  |   |          |  |  |
| 1.1      |  |   |   |          |  |  |
| )        | United Collections Nonpriority Creditor's Name                       | Last 4 digits of account number                                     |   | \$970.34 |  |  |
|          | 5620 Southwyck Blvd.   | When was the debt incurred?   |   |          |  |  |
|          | Toledo, OH 43614   | - As a fall of base of the all of the second                        |   |          |  |  |
|          | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                                  | s: Check all that apply                       |          |  |  |
|          | ■ Debtor 1 only  | ☐ Contingent  |   |          |  |  |
|          | Debtor 2 only  | ☐ Unliquidated  |   |          |  |  |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |          |  |  |
|          | ☐ At least one of the debtors and another                            | _ '   |   |          |  |  |
|          | ☐ Check if this claim is for a community ☐ Student loans             |   |   |          |  |  |
|          | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims          | ration agreement or divorce that you did not  |          |  |  |
|          | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts |   |          |  |  |
|          |  |   |   |          |  |  |
|          | Yes  | Other. Specify  |   |          |  |  |

| Deptor 1            | No. 3.19                              | the gone pour poc 1  | Filed 03/29/19 Ente   | red 03        | 729719       | /ግሜ:08: <del>10 Page 2</del> 5     | of 54             |  |  |
|---------------------|---------------------------------------|--|---|---------------|--------------|------------------------------------|-------------------|--|--|
| ı • ı               | Valley Heal                           |  | Last 4 digits of account number   | er 7875       | <b>5</b>     | _                                  | \$735.54          |  |  |
| 1                   | Nonpriority Cre PO Box 370 Baltimore, | 002  | When was the debt incurred?   |               |              |                                    |                   |  |  |
| ī                   | Number Street                         | City State Zip Code the debt? Check one.   | As of the date you file, the clai   | m is: Chec    | k all that a | pply                               |                   |  |  |
| 1                   | ■ Debtor 1 on                         | ılv  | ☐ Contingent  |               |              |                                    |                   |  |  |
|                     | Debtor 2 on                           |  | ☐ Unliquidated  |               |              |                                    |                   |  |  |
|                     |                                       | nd Debtor 2 only   | ☐ Disputed  |               |              |                                    |                   |  |  |
|                     | _                                     | e of the debtors and another   | Type of NONPRIORITY unsecu  | red claim:    |              |                                    |                   |  |  |
|                     |                                       | is claim is for a community  | ☐ Student loans   |               |              |                                    |                   |  |  |
| •                   | debt                                  | ubject to offset?  | Obligations arising out of a sereport as priority claims  | eparation aç  | greement     | or divorce that you did not        |                   |  |  |
|                     | ■ No                                  |  | Debts to pension or profit-sha  | aring plans,  | and other    | similar debts                      |                   |  |  |
| 1                   | ☐ Yes                                 |  | Other. Specify  |               |              |                                    |                   |  |  |
| is trying<br>have m | s page only if<br>g to collect fro    | you have others to be notified<br>om you for a debt you owe to s<br>creditor for any of the debts th | about your bankruptcy, for a debt the comeone else, list the original creditor at you listed in Parts 1 or 2, list the account this page. | r in Parts 1  | or 2, the    | n list the collection agency here. | Similarly, if you |  |  |
|                     | d Address                             | s in Parts 1 or 2, do not fill out   | On which entry in Part 1 or Part 2 did y  | ou list the o | original cre | editor?                            |                   |  |  |
| Comca               |                                       |  | Line <b>4.2</b> of (Check one):   |               |              |                                    |                   |  |  |
| 1701 JFK Blvd.      |                                       |  | <del></del>   |               |              | with Nonpriority Unsecured Claims  |                   |  |  |
| Philade             | elphia, PA 1                          | 19103  | Last 4 digits of account number   |               | 014          | , ,                                |                   |  |  |
| Name and            | d Address                             |  | On which entry in Part 1 or Part 2 did y  | ou list the o | original cre | editor?                            |                   |  |  |
|                     | overy Serv                            |  | Line 4.9 of (Check one):  | ☐ Part 1:     | Creditors    | with Priority Unsecured Claims     |                   |  |  |
|                     | Center Rido<br>River, OH              |  |   | Part 2:       | Creditors    | with Nonpriority Unsecured Claims  |                   |  |  |
| ROORY               | itivoi, Oii -                         | 77110  | Last 4 digits of account number   | 0             | 436,044      | 3                                  |                   |  |  |
| Name and            | d Address                             |  | On which entry in Part 1 or Part 2 did y  | ou list the o | original cre | editor?                            |                   |  |  |
|                     | lvantage, L                           |  | Line 4.11 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims  |               |              |                                    |                   |  |  |
|                     | State Rd.                             |  |   |               |              |                                    |                   |  |  |
| La Pon              | te, IN 46350                          | ,  | Last 4 digits of account number   | 7             | 371          |                                    |                   |  |  |
|                     |                                       |  |   |               |              |                                    |                   |  |  |
| Part 4:             | Add the A                             | mounts for Each Type of U  | Insecured Claim   |               |              |                                    |                   |  |  |
|                     | ne amounts of<br>unsecured cla        |  | aims. This information is for statistica  | al reporting  | g purpose    | s only. 28 U.S.C. §159. Add the a  | mounts for each   |  |  |
| 71                  |                                       |  |   |               |              | Total Claim                        |                   |  |  |
|                     | 6a.                                   | Domestic support obligation  | าร  | 6a.           | \$           | 0.00                               |                   |  |  |
|                     | otal                                  |  |   |               |              |                                    |                   |  |  |
| clai<br>from Pa     |                                       | Taxes and certain other deb  | ts you owe the government   | 6b.           | \$           | 0.00                               |                   |  |  |
|                     | 6c.                                   | Claims for death or persona  | l injury while you were intoxicated   | 6c.           | \$           | 0.00                               |                   |  |  |
|                     | 6d.                                   | Other. Add all other priority ur   | nsecured claims. Write that amount here   | . 6d.         | \$           | 0.00                               |                   |  |  |
|                     | 6e.                                   | Total Priority. Add lines 6a th  | rough 6d.   | 6e.           | \$           | 0.00                               |                   |  |  |
|                     |                                       |  |   |               |              | Total Claim                        |                   |  |  |
|                     | 6f.                                   | Student loans  |   | 6f.           | \$           | Total Claim 0.00                   |                   |  |  |
|                     | otal                                  |  |   |               |              |                                    |                   |  |  |
| clai<br>from Pa     |                                       | Obligations arising out of a   | separation agreement or divorce that  | :             |              | 0.00                               |                   |  |  |
|                     |                                       | you did not report as priorit  | y claims  | 6g.           | \$           | 0.00                               |                   |  |  |
|                     | 6h.<br>6i.                            |  | haring plans, and other similar debts by unsecured claims. Write that amount  | 6h.<br>6i.    | \$           | 0.00                               |                   |  |  |
|                     | OI.                                   | here.  | y and board diaming. Write that amount  | Oi.           | \$           | 25,231.48                          |                   |  |  |

6j. Total Nonpriority. Add lines 6f through 6i.

6j.

\$

25,231.48

| Fill in this infor  | nagon to (dentify)your  | coe:1 Filed 03/29/   | 19 Entered 03/2 | 9/19 13:08:10 | Page 27 of 54                      |
|---------------------|-------------------------|----------------------|-----------------|---------------|------------------------------------|
| Debtor 1            | Amethyst AB Rot         | henburg              |                 |               |                                    |
|                     | First Name              | Middle Name          | Last Name       |               |                                    |
| Debtor 2            |                         |                      |                 |               |                                    |
| (Spouse if, filing) | First Name              | Middle Name          | Last Name       |               |                                    |
| United States Ba    | nkruptcy Court for the: | NORTHERN DISTRICT OF | WEST VIRGINIA   |               |                                    |
| Case number _       |                         |                      |                 |               | Charle if their in an              |
| (II KIIOWII)        |                         |                      |                 |               | Check if this is an amended filing |

# Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.2 |           |              |   |                   | <u> </u>                                |
|     | Name      |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | <del>-</del>                            |
| 2.3 |           |              | Otato   |                   |   |
|     | Name      |              |   |                   |   |
|     | Number    | Street       |   |                   |   |
|     | City      |              | State   | ZIP Code          | <del>_</del>                            |
| 2.4 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.5 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | <del>_</del>                            |
|     | Jity      |              | Otato   |                   |   |

| Fill in th <mark>is</mark> info                         | maton to identify your   | @e:1 Filed 03/29                                     | 9/19 Entered 0                                    | 3/29/19 13:08:10   | Page 28 of 54  |
|---|--|--|---|--|--|
| Debtor 1  | Amethyst AB Rot  | henburg<br>Middle Name                               | Last Name   |  |  |
| Debtor 2<br>(Spouse if, filing)                         | First Name   | Middle Name  | Last Name   |  |  |
| United States Ba  | ankruptcy Court for the:   | NORTHERN DISTRICT C                                  | OF WEST VIRGINIA                                  |  |  |
| Case number (if known)                                  |  |  |   |  | ☐ Check if this is an amended filing   |
| Official Fo   | orm 106H<br>• H: Your Cod  | ebtors   |   |  | 12/15  |
| people are filing<br>ill it out, and nu<br>our name and | rogether, both are equal<br>omber the entries in the<br>case number (if known) | ally responsible for supply                          | ying correct informatio<br>the Additional Page to | n. If more space is need<br>this page. On the top of         | as possible. If two married<br>ded, copy the Additional Page,<br>f any Additional Pages, write           |
| □ No<br>■ Yes   |  |  |   |  |  |
|   |  | lived in a community pro<br>Nevada, New Mexico, Puer |   |  | ates and territories include   |
| ■ No. Go to   |  | use, or legal equivalent live v                      | with you at the time?                             |  |  |
| in line 2 ag  | ain as a codebtor only it<br>), Schedule E/F (Official                         | f that person is a guaranto                          | or or cosigner. Make su                           | ire you have listed the o                                    | rith you. List the person shown<br>creditor on Schedule D (Official<br>hedule E/F, or Schedule G to fill |
|   | nn 1: Your codebtor<br>Number, Street, City, State and Zl                      | P Code   |   | Column 2: The credit<br>Check all schedules the              | or to whom you owe the debt nat apply:   |
| 96 H  | n Rothenburg<br>overmale Court<br>insburg, WV 25405                            |  |   | ■ Schedule D, line □ Schedule E/F, lin □ Schedule G Pnc Bank | e  |

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|                    |  |                              |   |                    |                |                                       |                           | go                                     |
|--------------------|--|------------------------------|---|--------------------|----------------|---------------------------------------|---------------------------|--|
|                    | in this information to identify your co  |                              |   |                    |                |                                       |                           |  |
| Deb                | otor 1 Amethyst A  | B Rothenburg                 |   |                    | _              |                                       |                           |  |
|                    | otor 2   |                              |   |                    | _              |                                       |                           |  |
| Uni                | ted States Bankruptcy Court for the  | : NORTHERN DISTRIC           | CT OF WEST VIRGIN                             | IA                 |                |                                       |                           |  |
| (If kr             | se number  |                              | -   |                    |                |                                       | led filing<br>nent showin | ng postpetition chapter ollowing date: |
| $\overline{O}$     | fficial Form 106l  |                              |   |                    |                | MM / DD/                              | YYYY                      |  |
| S                  | chedule I: Your Inc  | ome                          |   |                    |                |                                       |                           | 12/1                                   |
| sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not filing w | ng jointly, and your sith you, do not include | spouse<br>de infor | is liv<br>mati | ing with you, inc<br>on about your sp | lude infori<br>ouse. If m | mation about your ore space is needed, |
| 1.                 | Fill in your employment information.   | Debtor 1                     |   | Debtor             | 2 or non-f     | iling spouse                          |                           |  |
|                    | If you have more than one job,   | Empleyment status            | ■ Employed                                    |                    |                | ☐ Emp                                 | loyed                     |  |
|                    | attach a separate page with information about additional   | Employment status            | ☐ Not employed                                |                    |                | ☐ Not                                 | employed                  |  |
|                    | employers.   | Occupation                   | Call Center Tecl                              | hnician            | ı              |                                       |                           |  |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name              | Navy Fcu                                      |                    |                |                                       |                           |  |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address           | Po Box 3000<br>Merrifield, VA 22              | 2119               |                |                                       |                           |  |
|                    |  | How long employed to         | here? 2 years                                 |                    |                |                                       |                           |  |
| Par                | t 2: Give Details About Mor  | nthly Income                 |   |                    |                |                                       |                           |  |
|                    | mate monthly income as of the duse unless you are separated.   | ate you file this form. If   | you have nothing to re                        | eport for          | any            | line, write \$0 in th                 | e space. In               | clude your non-filing                  |
|                    | u or your non-filing spouse have mo  |                              | ombine the information                        | n for all e        | emplo          | oyers for that pers                   | on on the li              | nes below. If you need                 |
|                    |  |                              |   |                    |                | For Debtor 1                          |                           | btor 2 or<br>ing spouse                |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   |                              |   | 2.                 | \$             | 2,485.17                              | \$                        | N/A                                    |
| 3.                 | Estimate and list monthly overt  | ime pay.                     |   | 3.                 | +\$            | 0.00                                  | +\$                       | N/A                                    |

2,485.17

N/A

4. Calculate gross Income. Add line 2 + line 3.

Debtor 1 Amethyst AB Rothenburg

Case number (if known)

| Copy line 4 here 4. \$ 2,485.17 \$ N/A  5. List all payroll deductions:  5a. Tax, Medicare, and Social Security deductions  5b. Mandatory contributions for retirement plans  5c. Voluntary contributions for retirement plans  5c. Voluntary contributions for retirement plans  5c. Natural contributions for retirement plans  5c. Required repayments of retirement fund loans  5c. No. 180, 180, 180, 180, 180, 180, 180, 180,   |     |  |  |   |                      |                | Fo   | r Debtor 1  |                              |                          | r Debtor        |                          |          |
|---|-----|--|--|---|----------------------|----------------|--|-------------|------------------------------|--------------------------|-----------------|--------------------------|----------|
| 5. List all payroll deductions:  5a. Tax, Medicare, and Social Security deductions  5b. Mandatory contributions for retirement plans  5c. Voluntary contributions for retirement plans  5c. Voluntary contributions for retirement plans  5c. No. Voluntary contributions for retirement plans  5d. No. Voluntary contributions for retirement fund loans  5d. Sp. Union dues  5d. No. Voluntary contributions for retirement fund loans  5d. Sp. Union dues  5d. No. Voluntary contributions for retirement fund loans  5d. No. Voluntary contributions for retirement fund loans  5d. Sp. Union dues  5d. No. Voluntary contributions for retirement fund loans  5d. Sp. O.00 \$ NI/A  5d. List all other income regularly received:  8a. No. Interest and dividends  8b. No. Interest and dividends  6c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. Sp. O.00 \$ NI/A  8d. Unenployment compensation  8e. Social Security  8d. Other government assistance that you regularly receive include cash assistance that you repulsed the value (if known) of any non-cash assistance that you receive, such as foot stamps, benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  5pecify:  8d. Pension or retirement income  2d. Deposition of the property of the expenses that you   |     | Copy                                   | / line 4 here  |   | 4.                   |                | \$   | 2.48        | 5.17                         |                          | n-ming s        | -                        |          |
| 5a  |     |  |  |   |                      |                | · -  |             |                              | . –                      |                 |                          |          |
| 55.   Mandatory contributions for retirement plans   5c.   \$ 0.00   \$ N/A   | 5.  | List                                   | all payroll deductions:  |   |                      |                |  |             |                              |                          |                 |                          |          |
| Sc. Voluntary contributions for retirement plans  5c. S 188.27 \$ NA  5c. Required repayments of retirement fund loans  5c. S 294.67 \$ NA  5c. Insurance  5c. S 294.67 \$ NA  5c. Insurance  5c. S 294.67 \$ NA  5c. Insurance  5c. S 294.67 \$ NA  5c. NA  5c. Vinion dues  5c. S 294.67 \$ NA  5c. NA  5c. Vinion dues  5c. S 294.67 \$ NA  NA  5c. Vinion dues  5c. S 294.67 \$ NA  NA  5c. Vinion dues  5c. S 294.67 \$ NA  NA  5c. Vinion dues  5c. S 294.67 \$ NA  NA  NA  5c. Vinion dues  5c. S 294.67 \$ NA  NA  NA  5c. Vinion dues  5c. S 294.67 \$ NA  NA  NA  5c. Vinion dues  5c. V   |     | 5a.                                    | Tax, Medicare, and Social Security de  | ductions  | 5a                   | à.             | \$_  | 423         | 3.74                         | \$                       |                 | N/A                      |          |
| 5d. Required repayments of retirement fund loans 5e. Insurance 5e. Insurance 5e. Insurance 5e. Insurance 5e. Insurance 5e. Insurance 5f. Domestic support obligations 5f. Domestic support obligations 5f. Other deductions. Specify: 5f. Other deductions. Specify: 5f. Other deductions. Specify: 5f. Other deductions. Specify: 5f. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 898.68 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,586.49 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly network and dividends 8b. \$ 0.00 \$ N/A 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include allmony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. Social Security 8e. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you revelve, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8pecify: 8p. Pension or retirement income  Debtor's Baby's Father's 8h. Other monthly income. Specify: contributions to household 8h. \$ 584.00 \$ N/A 8h. Other monthly income. Add lines 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  10. Calculate monthly income. Add lines 7 + line 9. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Polytocytocytocytome and the value of the amount in line 11. The result is the combined monthly income.  Polytocytome and the summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it is 2,170.49  Combined monthly income.  Polo   |     | 5b.                                    | Mandatory contributions for retiremen  | nt plans  | 5b                   | ).             | \$   |             | 0.00                         | \$                       |                 | N/A                      |          |
| 5e. Insurrance  5f. Domestic support obligations  5f. Domestic support obligations  5f. Domestic support obligations  5f. So. Oo0 \$ N/A  5g. Union dues  5g. So. Oo0 \$ N/A  NA  Add the payroll deductions. Specify:  6. Add the payroll deductions. Add lines 5a+6b+5c+5d+56+5f+5g+5h.  6. Sa 8a8.68 \$ N/A  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$ 1,586.49 \$ N/A  8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8a. Interest and dividends  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$ 0.00 \$ N/A  8e. Social Security  8e. \$ 0.00 \$ N/A  8e. Social Security  8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you regularly receive include cash assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  Debtor's Baby's Father's  8h. Other monthly income. Specify:  Contributions to household  8h. \$ 584.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9.  11. \$\$ \$ 1. \$ \$ 0.00  S N/A  12. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  13. Do you expect an increase or decrease within the year after you file this form?  14. Do you expect an increase or decrease within the year after you file this form?  |     | 5c.                                    | Voluntary contributions for retirement   | t plans   | 50                   | <b>)</b> .     | \$   | 180         | 0.27                         | \$                       |                 | N/A                      |          |
| 5f. Domestic support obligations 5g. Union dues 5g. Union dues 5g. Union dues 5g. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp  |     | 5d.                                    | Required repayments of retirement fur  | nd loans  | 50                   | 1.             | \$   | (           | 0.00                         | \$                       |                 | N/A                      |          |
| 5g. Union dues 1 5h. Other deductions. Specify: 5h. 5h. 0.000 \$ N/A 5h. Other deductions. Add lines 5a+6b+5c+5d+56+5g+5h. 6. \$ 398.68 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,586.49 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,586.49 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation 8d. Social Security 8e. \$ 0.000 \$ N/A 8e. Social Security 8e. \$ 0.000 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance hat you receive, such as Good stamps, benefits under the Supplemential Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  Debtor's Baby's Father's 8h. Other monthly income. Specify:  8h. Other monthly income. Specify:  8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 584.00 \$ N/A  10. Calculate monthly income. Add lines 7 + line 9.  Add all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  Combined monthly income.  12. Add the amount in the last column of line 10 to the amount  |     | 5e.                                    | Insurance  |   | 5e                   | €.             | \$   | 294         | 4.67                         | \$                       |                 | N/A                      |          |
| 5h. Other deductions. Specify:  6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  6. \$ 838.68 \$ N/A  7. \$ 1,586.49 \$ N/A  8. List all other income regularly received:  8. Not income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly income.  8. Increase and dividends  8. Increase and an analysis and an analysis and analysis and an analysis and an analysis and an analysis and an ana   |     | 5f.                                    | Domestic support obligations   |   | 5f.                  |                | \$   | (           | 0.00                         | \$                       |                 | N/A                      | •        |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$ 1,586.49 \$ N/A  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$ 1,586.49 \$ N/A  8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 0.00 \$ N/A  8d. \$ 0.00 \$ N/A  8 |     | 5g.                                    | Union dues   |   | 5g                   | J.             | \$   | (           | 0.00                         | \$                       |                 | N/A                      |          |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4, 7. \$ 1,586.49 \$ N/A  8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income from support support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. \$ 0.00 \$ N/A  8b. Outher government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  8f. \$ 0.00 \$ N/A  8g. Pension or retirement income  8g. \$ 0.00 \$ N/A  8h. Other monthly income. Specify: contributions to household  8h. \$ 584.00 \$ N/A  10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 584.00 \$ N/A  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. \$ 2,170.49   |     | 5h.                                    | Other deductions. Specify:   |   | 5h                   | 1.+            | \$_  | (           | 0.00                         | + \$_                    |                 | N/A                      | -        |
| 8. List all other income regularly received: 8. Not income from rental property and from operating a business, profession, or far each property and business showing gross Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8. Interest and dividends 8. Interest and property settlement, settlement, and property sett   | 6.  | Add                                    | the payroll deductions. Add lines 5a+5b  | o+5c+5d+5e+5f+5g+5h.  | 6.                   |                | \$_  | 898         | 8.68                         | \$_                      |                 | N/A                      |          |
| 8a. Not income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 0.00 \$ N/A  8d. Unemployment compensation  8d. \$ 0.00 \$ N/A  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income  Debtor's Baby's Father's  8h. Other monthly income. Specify: contributions to household  8h. \$ 584.00 \$ N/A   10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. * \$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  No.   | 7.  | Calc                                   | ulate total monthly take-home pay. Sub   | otract line 6 from line 4.  | 7.                   |                | \$_  | 1,586       | 6.49                         | \$_                      |                 | N/A                      |          |
| 10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> .  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .  Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies  Combined monthly income  No.  | 8.  | 8a.<br>8b.<br>8c.<br>8d.<br>8e.<br>8f. | Net income from rental property and find profession, or farm Attach a statement for each property and receipts, ordinary and necessary business monthly net income.  Interest and dividends Family support payments that you, a regularly receive Include alimony, spousal support, child significant settlement, and property settlement.  Unemployment compensation Social Security Other government assistance that you include cash assistance and the value (if that you receive, such as food stamps (b) Nutrition Assistance Program) or housing Specify:  Pension or retirement income | d business showing gross as expenses, and the total mon-filing spouse, or a dependent support, maintenance, divorce of known) of any non-cash assistance benefits under the Supplemental g subsidies. | 86<br>86<br>86<br>86 | o.<br>d.<br>e. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | (           | 0.00<br>0.00<br>0.00<br>0.00 | \$_<br>\$_<br>\$_<br>\$_ |                 | N/A<br>N/A<br>N/A<br>N/A |          |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Combined monthly income  13. Do you expect an increase or decrease within the year after you file this form?  No.  | 9.  | Add                                    | all other income. Add lines 8a+8b+8c+8   | d+8e+8f+8g+8h.  | 9.                   | 9              | \$   | 584         | 4.00                         | \$_                      |                 | N/A                      |          |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Combined monthly income  13. Do you expect an increase or decrease within the year after you file this form?  No.  |     |  |  |   | Γ                    |                |  |             |                              |                          |                 | 1                        | <u> </u> |
| <ul> <li>State all other regular contributions to the expenses that you list in <i>Schedule J</i>. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i>. Specify:  11. +\$ 0.00</li> <li>Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i>, if it applies</li> <li>Do you expect an increase or decrease within the year after you file this form?</li> <li>No.</li> </ul>   | 10. |  | -  |   | 10.                  | \$_            |  | 2,170.49    | + \$                         |                          | N/A             | = \$ _                   | 2,170.49 |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?  No.   |     | Add t                                  | the entries in line 10 for Debtor 1 and Debt   | tor 2 or non-filing spouse.   | L                    |                |  |             | l L                          |                          |                 | ]                        |          |
| applies  12. \$ 2,170.49  Combined monthly income  13. Do you expect an increase or decrease within the year after you file this form?  No.   |     | Include other Do no Spec               | de contributions from an unmarried partne friends or relatives. ot include any amounts already included ir ify:  the amount in the last column of line 10  | n lines 2-10 or amounts that are not  to the amount in line 11. The res   | depe<br>availa       | able<br>the    | e to   | pay expens  | es lis                       | ted in                   | Schedule<br>11. |                          |          |
| 13. Do you expect an increase or decrease within the year after you file this form?  No.  |     |  |  | os and statistical summary of Gertal  | LIG                  | wiiil          |  | and Neialet | u Dale                       | <i>a,</i> 11 IL          | 12.             | Combin                   | ned      |
|   | 13. | Do y                                   | •  | nin the year after you file this form   | ?                    |                |  |             |                              |                          |                 | monthly                  | y income |
|   |     |  | Yes. Explain:  |   |                      |                |  |             |                              |                          |                 |                          |          |

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|                     | in this information                               | San ta San Chan  |                                     |  |             |                   | i          |        |                 |                             |       |
|---------------------|---|--|-------------------------------------|--|-------------|-------------------|------------|--------|-----------------|-----------------------------|-------|
| FIII                | in this informat                                  | tion to identify yo                                    | ur case:                            |  |             |                   |            |        |                 |                             |       |
| Deb                 | tor 1   | Amethyst AB  | Rothen                              | burg   |             |                   | Cł         | neck i | f this is:      |                             |       |
|                     |   |  |                                     |  |             |                   |            | An     | amended filing  |                             |       |
|                     | tor 2   |  |                                     |  |             |                   |            |        |                 | ving postpetition ch        | apter |
| (Spc                | ouse, if filing)                                  |  |                                     |  |             |                   |            | 13     | expenses as of  | the following date:         |       |
| Unite               | ed States Bankri                                  | uptcy Court for the:                                   | NORTH                               | IERN DISTRICT OF V                                   | WEST VIR    | RGINIA            |            | M      | M / DD / YYYY   |                             |       |
| Case                | e number  |  |                                     |  |             |                   |            |        |                 |                             |       |
| (If kr              | nown)   |  |                                     |  |             |                   |            |        |                 |                             |       |
| Of                  | fficial Fo  | rm 106J  |                                     |  |             |                   |            |        |                 |                             |       |
| Sc                  | chedule   | J: Your E  | Exper                               | ISES   |             |                   |            |        |                 |                             | 12/15 |
| Be a<br>info<br>nun | as complete a<br>ormation. If mo<br>nber (if know | and accurate as<br>ore space is nee<br>n). Answer ever | possible<br>eded, atta<br>y questio | If two married peop<br>ch another sheet to           |             |                   |            |        |                 |                             |       |
| Part<br>1.          | Is this a join                                    | ibe Your House   | hold                                |  |             |                   |            |        |                 |                             |       |
| ١.                  | -   |  |                                     |  |             |                   |            |        |                 |                             |       |
|                     | No. Go to   |  |                                     |  |             |                   |            |        |                 |                             |       |
|                     | ☐ Yes. <b>Doe</b> s                               | s Debtor 2 live in                                     | n a separ                           | ate household?                                       |             |                   |            |        |                 |                             |       |
|                     |   | 0  |                                     |  |             |                   |            |        |                 |                             |       |
|                     | □ Ye  | es. Debtor 2 mus                                       | t file Offici                       | al Form 106J-2, <i>Expe</i>                          | enses for S | Separate House    | ehold of D | ebtor  | 2.              |                             |       |
| 2.                  | Do you have                                       | dependents?  | □ No                                |  |             |                   |            |        |                 |                             |       |
|                     | Do not list De<br>Debtor 2.                       | •  | Yes.                                | Fill out this information to                         |             | ependent's relati |            |        | Dependent's age | Does dependentive with you? | t     |
|                     |   |  |                                     |  |             |                   |            |        |                 | □ No                        |       |
|                     | Do not state dependents i                         |  |                                     |  | S           | on                |            |        | 6               | ■ Yes                       |       |
|                     | acpendents  | iames.   |                                     |  | _           | <u> </u>          |            |        |                 | □ No                        |       |
|                     |   |  |                                     |  |             |                   |            |        |                 | ☐ Yes                       |       |
|                     |   |  |                                     |  |             |                   |            |        |                 | □ res                       |       |
|                     |   |  |                                     |  |             |                   |            |        |                 | ☐ Yes                       |       |
|                     |   |  |                                     |  | _           |                   |            |        |                 | □ No                        |       |
|                     |   |  |                                     |  |             |                   |            |        |                 | ☐ Yes                       |       |
| 3.                  | Do vour exp                                       | enses include  | _                                   | NI.  |             |                   |            |        |                 | □ res                       |       |
| 0.                  | expenses of                                       | people other the<br>your depender                      | nan $_{f \Box}$                     | No<br>Yes  |             |                   |            |        |                 |                             |       |
|                     |   | ate Your Ongoir  |                                     |  |             |                   |            |        |                 |                             |       |
| exp                 |   |  |                                     | uptcy filing date unle<br>y is filed. If this is a s |             |                   |            |        |                 |                             |       |
| the                 | value of such                                     | n assistance and                                       |                                     | government assistan<br>luded it on <i>Schedule</i>   |             |                   |            |        | Your exp        | oncoc                       |       |
| (Off                | ficial Form 10                                    | oı.)   |                                     |  |             |                   |            |        | Tour exp        | 611363                      |       |
| 4.                  |   | r home owners!   |                                     | ses for your residen                                 | ce. Includ  | de first mortgage | e<br>4.    | \$     |                 | 0.00                        |       |
|                     | If not includ                                     | ed in line 4:  | -                                   |  |             |                   |            |        |                 |                             |       |
|                     | 4a. Real e  | state taxes  |                                     |  |             |                   | 4a.        | \$     |                 | 0.00                        |       |
|                     |   | rty, homeowner's                                       | , or renter                         | 's insurance   |             |                   | 4b.        |        |                 | 0.00                        |       |
|                     |   | •  |                                     | pkeep expenses                                       |             |                   | 4c.        | - : -  |                 | 0.00                        |       |
|                     |   | owner's associati                                      |                                     |  |             |                   | 4d.        |        |                 | 0.00                        |       |
| 5.                  |   |  |                                     | our residence, such a                                | as home e   | quity loans       |            | \$ -   |                 | 0.00                        |       |

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Debtor 1 Amethyst AB Rothenburg Case number (if known) **Utilities:** 6a. Electricity, heat, natural gas 6a. \$ 0.00 6b. Water, sewer, garbage collection 6b. \$ 0.00 Telephone, cell phone, Internet, satellite, and cable services 6c. 6c. \$ 358.00 Other. Specify: security system 6d. \$ 6.66 cat and dog food for 2 felines and a k9 \$ 80.00 7. Food and housekeeping supplies 7. \$ 770.00 Childcare and children's education costs 8. \$ 8. 120.00 Clothing, laundry, and dry cleaning 9 \$ 9 0.00 10. Personal care products and services 10. \$ 90.00 11. Medical and dental expenses 11. \$ 155.00 12. Transportation. Include gas, maintenance, bus or train fare. 300.00 12. \$ Do not include car payments. 125.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 14. Charitable contributions and religious donations 14. \$ 15.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 4.89 15a. Life insurance 15a. \$ 15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance 15c. \$ 210.00 15d. Other insurance. Specify: 15d. \$ 0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: personal prperty taxes 16. \$ 6.66 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. \$ 0.00 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as 0.00 18. \$ deducted from your pay on line 5, Schedule I, Your Income (Official Form 1061). Other payments you make to support others who do not live with you. 0.00 Specify: 19 Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. \$ 20b. Real estate taxes 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: 21. +\$ 0.00 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 2,241.21 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 \$ 22c. Add line 22a and 22b. The result is your monthly expenses. 2,241.21 23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 2.170.49 23b. Copy your monthly expenses from line 22c above. 23b. -\$ 2,241.21 Subtract your monthly expenses from your monthly income. -70.72 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. Explain here: ☐ Yes.

| Ellin this inform   | ation to identify                            |                          |                               |                       |   |
|---------------------|--|--------------------------|-------------------------------|-----------------------|---|
|                     | ation to identify your                       | case:                    |                               |                       |   |
| Debtor 1            | Amethyst AB Rot                              | :henburg<br>Middle Name  | Last Name                     |                       |   |
| Debtor 2            | i iist ivaille                               | Middle Name              | Lastivanie                    |                       |   |
| (Spouse if, filing) | First Name                                   | Middle Name              | Last Name                     |                       |   |
| United States Ban   | kruptcy Court for the:                       | NORTHERN DISTRICT        | OF WEST VIRGINIA              |                       |   |
| Case number         |  |                          |                               |                       |   |
| (if known)          |  |                          |                               |                       | Check if this is an amended filing                                    |
|                     |  |                          |                               |                       |   |
| Official Form       |  |                          |                               |                       |   |
| Declarati           | on About a                                   | ın Individual            | Debtor's Sch                  | edules                | 12/15   |
| Sign                | Below  |                          |                               |                       |   |
| Did you pay         | or agree to pay some                         | one who is NOT an attor  | rney to help you fill out ban | kruptcy forms?        |   |
| ■ No                |  |                          |                               |                       |   |
| ☐ Yes. Na           | ame of person                                |                          |                               |                       | nptcy Petition Preparer's Notice,<br>nd Signature (Official Form 119) |
|                     | y of perjury, I declare<br>true and correct. | that I have read the sum | nmary and schedules filed w   | vith this declaration | and   |
| X /s/ Ame           | thyst AB Rothenbu                            | ra                       | X                             |                       |   |
| Amethy              | st AB Rothenburg<br>e of Debtor 1            | . <del>.</del>           | Signature of De               | ebtor 2               |   |
| Date M              | arch 29, 2019                                |                          |                               |                       |   |

| Fill in this infor  | mation to identify you                      | r case:  |                                    |                                     |                                    |
|---------------------|---|--|------------------------------------|-------------------------------------|------------------------------------|
| Debtor 1            | Amethyst AB Ro                              | othenburg  Middle Name   | Last Name                          |                                     |                                    |
| Debtor 2            |   |  |                                    |                                     |                                    |
| (Spouse if, filing) | First Name                                  | Middle Name  | Last Name                          |                                     |                                    |
| United States Ba    | ankruptcy Court for the:                    | NORTHERN DISTRICT C  | OF WEST VIRGINIA                   |                                     |                                    |
| Case number         |   |  |                                    |                                     |                                    |
| (if known)          |   |  |                                    |                                     | Check if this is an amended filing |
|                     |   |  |                                    |                                     | amenaea ming                       |
| Official Fo         | rm 107                                      |  |                                    |                                     |                                    |
|                     |   | Affairs for Individ  | luals Filing for B                 | ankruptcy                           | 4/10                               |
| Be as complete      | and accurate as poss                        | ible. If two married people a  | re filing together, both are       | equally responsible for su          | pplying correct                    |
| number (if know     | n). Answer every que                        | stion.   |                                    |                                     |                                    |
| Part 1: Give        | Details About Your Ma                       | arital Status and Where You  | Lived Before                       |                                     |                                    |
| 1. What is you      | ır current marital statı                    | us?  |                                    |                                     |                                    |
| ☐ Married           | 1   |  |                                    |                                     |                                    |
| ■ Not ma            |   |  |                                    |                                     |                                    |
| 2. During the       | last 3 vears. have vou                      | lived anywhere other than v  | where you live now?                |                                     |                                    |
| _                   | , , , ,                                     | <b>,</b>   |                                    |                                     |                                    |
| □ No<br>■ Ves Lie   | et all of the places you                    | lived in the last 3 years. Do no   | at include where you live now      | 1                                   |                                    |
|                     | • •   | <u>,</u>   | ·                                  |                                     |                                    |
| Debtor 1 P          | rior Address:                               | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                  | dress:                              | Dates Debtor 2 lived there         |
|                     | male Court<br>ırg, WV 25405                 | From-To: <b>2013-August 2017</b>   | ☐ Same as Debtor                   | I                                   | ☐ Same as Debtor 1 From-To:        |
| 3. Within the I     | ast 8 years, did you e                      | ver live with a spouse or leg  | al equivalent in a commun          | ity property state or territo       | ory? (Community property           |
| states and territor | ries include Arizona, Ca                    | alifornia, Idaho, Louisiana, Nev   | vada, New Mexico, Puerto R         | ico, Texas, Washington and          | Wisconsin.)                        |
| ■ No                |   |  |                                    |                                     |                                    |
| ☐ Yes. M            | ake sure you fill out <i>Sc</i>             | hedule H: Your Codebtors (Of   | ficial Form 106H).                 |                                     |                                    |
| Part 2 Expla        | in the Sources of You                       | ır Income  |                                    |                                     |                                    |
| Fill in the tot     | al amount of income yo                      | mployment or from operating ou received from all jobs and a have income that you receive | Ill businesses, including part     | time activities.                    | endar years?                       |
| □ No                |   |  |                                    |                                     |                                    |
| _                   | II in the details.                          |  |                                    |                                     |                                    |
|                     |   | Debtor 1   |                                    | Debtor 2                            |                                    |
|                     |   | Sources of income  | Gross income                       | Sources of income                   | Gross income                       |
|                     |   | Check all that apply.  | (before deductions and exclusions) | Check all that apply.               | (before deductions and exclusions) |
|                     | of current year until<br>ed for bankruptcy: | ■ Wages, commissions, bonuses, tips  | \$5,590.33                         | ☐ Wages, commissions, bonuses, tips |                                    |
|                     |   | ☐ Operating a business   |                                    | ☐ Operating a business              |                                    |

Official Form 107

|                     |                              |   | Dobtor 1   |  | Dobtor 2                                       |              |   |  |  |
|---------------------|------------------------------|---|--|--|--|--------------|---|--|--|
|                     |                              |   | Debtor 1   | 0  | Debtor 2                                       |              | 0   |  |  |
|                     |                              |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)            | Sources of ince<br>Check all that ap           |              | Gross income<br>(before deductions<br>and exclusions) |  |  |
| For last cald       | endar year:<br>to December   | 31, 2018 )  | ■ Wages, commissions, bonuses, tips  | \$26,324.00  | ☐ Wages, commissions, bonuses, tips            |              |   |  |  |
|                     |                              |   | ☐ Operating a business   |  | ☐ Operating a l                                | business     |   |  |  |
|                     | endar year be<br>to December |   | ■ Wages, commissions, bonuses, tips  | \$16,826.00  | ☐ Wages, commissions, bonuses, tips            |              |   |  |  |
|                     |                              |   | ☐ Operating a business   |  | ☐ Operating a l                                | ousiness     |   |  |  |
| □ No<br>■ Ye        | s. Fill in the de            |   | Debtor 1 Sources of income Describe below.   | Gross income from each source                                    | Debtor 2<br>Sources of inco<br>Describe below. |              | Gross income (before deductions                       |  |  |
|                     |                              |   |  | (before deductions and exclusions)                               |  |              | and exclusions)                                       |  |  |
| For last cald       | endar year:<br>to December   | 31, 2018 )  | Child Support  | \$5,280.00   |  |              |   |  |  |
| Part 3: L           | ist Certain Pa               | yments You I  | Made Before You Filed for  | Bankruptcy   |  |              |   |  |  |
| 6. Are eith<br>□ No | . Neither De                 | ebtor 1 nor De  | s debts primarily consumer<br>betor 2 has primarily consu-<br>personal, family, or househol    | imer debts. Consumer debt  | s are defined in 11                            | U.S.C. § 101 | (8) as "incurred by a                                 |  |  |
|                     | □ No. □ Yes                  | Go to line 7. List below eapaid that crenot include p | ach creditor to whom you pai<br>ditor. Do not include paymer<br>ayments to an attorney for the |  | n one or more pay<br>pations, such as ch       | ments and th | nd alimony. Also, do                                  |  |  |
| ■ Ye                | •                            | •   | both have primarily consu  | s after that for cases filed on mer debts.                       | or after the date of                           | adjustment.  |   |  |  |
|                     |                              |   |  | d you pay any creditor a tota                                    | I of \$600 or more?                            |              |   |  |  |
|                     | ■ NI-                        | Go to line 7.   |  |  |  |              |   |  |  |
|                     | ■ No.                        |   | 1 12 4 1   | 1                          |  |              | Pi - Di   |  |  |
|                     | Yes                          | List below ea   |  | d a total of \$600 or more and<br>bligations, such as child supp | •  | •            |   |  |  |

| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |                             |                       |                       |                         |                          |  |  |  |  |  |
|-----|---|-----------------------------|-----------------------|-----------------------|-------------------------|--------------------------|--|--|--|--|--|
|     | No  |                             |                       |                       |                         |                          |  |  |  |  |  |
|     | ☐ Yes. List all payments to an insider.   |                             |                       |                       |                         |                          |  |  |  |  |  |
|     | Insider's Name and Address  | Dates of payment            | Total amount paid     | Amount you still owe  | Reason for              | this payment             |  |  |  |  |  |
| В.  | Within 1 year before you filed for bankrupte insider? Include payments on debts guaranteed or cos   | <i></i>                     | ments or transfer a   | any property on a     | ccount of a de          | ebt that benefited an    |  |  |  |  |  |
|     | No  |                             |                       |                       |                         |                          |  |  |  |  |  |
|     | ☐ Yes. List all payments to an insider  |                             |                       |                       |                         |                          |  |  |  |  |  |
|     | Insider's Name and Address  | Dates of payment            | Total amount paid     | Amount you still owe  | Reason for Include cred | this payment             |  |  |  |  |  |
| Pai | rt 4: Identify Legal Actions, Repossession  | as and Foreclosures         | para                  |                       | molado orda             | nor o riamo              |  |  |  |  |  |
| ð.  | Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes.  ■ No □ Yes. Fill in the details.   | cases, small claims actions | , divorces, collectic | on suits, paternity a | ctions, support         | t or custody             |  |  |  |  |  |
|     | Case title<br>Case number   | Nature of the case          | Court or agency       |                       | Status of th            | e case                   |  |  |  |  |  |
| 10. | Within 1 year before you filed for bankrupte Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  | w. ·                        | rty repossessed, f    |                       | hed, attached           |                          |  |  |  |  |  |
|     | Creditor Name and Address   | Describe the Property       |                       | Date                  |                         | Value of the<br>property |  |  |  |  |  |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec  No Yes. Fill in the details.  |                             |                       | nancial institution   | , set off any a         | mounts from your         |  |  |  |  |  |
|     | Creditor Name and Address   | Describe the action the     | creditor took         | Date :                | action was              | Amount                   |  |  |  |  |  |
| 12. | Within 1 year before you filed for bankrupte court-appointed receiver, a custodian, or a  ■ No □ Yes  |                             | rty in the possess    | ion of an assigne     | e for the bene          | fit of creditors, a      |  |  |  |  |  |
| Pai | rt 5: List Certain Gifts and Contributions  |                             |                       |                       |                         |                          |  |  |  |  |  |
|     | Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift.   | tcy, did you give any gifts | with a total value    | of more than \$60     | 0 per person?           | ,                        |  |  |  |  |  |
|     | Gifts with a total value of more than \$600 per person  | Describe the gifts          |                       | Dates<br>the gi       | you gave<br>fts         | Value                    |  |  |  |  |  |
|     | Person to Whom You Gave the Gift and Address:   |                             |                       |                       |                         |                          |  |  |  |  |  |

| 14.  | <ul> <li>4. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?</li> <li>No</li> <li>Yes. Fill in the details for each gift or contribution.</li> </ul> |                              |   |                   |   |                           |
|--|---|------------------------------|---|-------------------|---|---------------------------|
|  | Gifts or contributions to charities that to<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code   | otal                         | Describe what you contributed   |                   | Dates you contributed                   | Value                     |
| Par  | t 6: List Certain Losses  |                              |   |                   |   |                           |
| 15.  | Within 1 year before you filed for bankru or gambling?  | ptcy or                      | since you filed for bankruptcy, did y   | ou lose anyth     | hing because of the                     | ft, fire, other disaster, |
|  | ■ No  |                              |   |                   |   |                           |
|  | Yes. Fill in the details.   |                              |   |                   | 5.4                                     | W.L. (                    |
|  | Describe the property you lost and how the loss occurred  | Include                      | be any insurance coverage for the lot<br>the amount that insurance has paid. Lot<br>ce claims on line 33 of Schedule A/B: | ist pending       | Date of your loss                       | Value of property lost    |
| Par  | t 7: List Certain Payments or Transfers   |                              |   | , ,               |   |                           |
| <ul> <li>Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone your behalf pay or transfer any property to any pay or transfer any pay or transfer any pay or transfer any pay or tr</li></ul> |   |                              |   | rty to anyone you |   |                           |
|  | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Y   | ou"                          | Description and value of any proper transferred   | erty              | Date payment<br>or transfer was<br>made | Amount of payment         |
|  | Bottner & Skillman, Attorneys At La<br>116 West Washington Street, Suite<br>P.O. Box 344<br>Charles Town, WV 25414<br>dhostler@bottnerskillman.com  |                              | Attorney Fees   |                   | 1399.00                                 | \$0.00                    |
| 17.  | Within 1 year before you filed for bankru promised to help you deal with your cree Do not include any payment or transfer that  No Yes. Fill in the details.  | ditors o                     | to make payments to your creditors  |                   | r transfer any prope                    | rty to anyone who         |
|  | Person Who Was Paid<br>Address  |                              | Description and value of any propertransferred  | erty              | Date payment or transfer was made       | Amount of payment         |
| 18.  | Within 2 years before you filed for bankr transferred in the ordinary course of you include both outright transfers and transfers include gifts and transfers that you have alm  No  Yes. Fill in the details.                                    | ı <b>r busin</b> e<br>made a | ess or financial affairs? as security (such as the granting of a se   |                   |   |                           |
|  | Person Who Received Transfer Address  |                              | Description and value of property transferred   |                   | any property or received or debts       | Date transfer was made    |
|  | Person's relationship to you  |                              | , ,   | paid in exc       |   |                           |
|  |   |                              |   |                   |   |                           |

| 19. | beneficiary? (These are often called asset-prot   |  | y property to    | a self-settl | ed trust or similar device                           | of which you are a                            |
|-----|---|--|------------------|--------------|--|---|
|     | No Yes. Fill in the details.  |  |                  |              |  |   |
|     | Name of trust   | Description and v  | alue of the pro  | operty trar  | nsferred   | Date Transfer was made                        |
| Pai | t 8: List of Certain Financial Accounts, Inst   | truments, Safe Deposit   | t Boxes, and S   | Storage Un   | its  |   |
| 20  | Within 1 year before you filed for bankruptcy   | were any financial ac  | counts or inst   | ruments h    | eld in your name, or for y                           | our henefit closed                            |
| 20. | sold, moved, or transferred?<br>Include checking, savings, money market, or<br>houses, pension funds, cooperatives, associ              | r other financial accou  | nts; certificate | s of depos   |  | , ,   |
|     | No Yes. Fill in the details.  |  |                  |              |  |   |
|     | Name of Financial Institution and   | Last 4 digits of account number  | Type of acco     | ount or      | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?  | ear before you filed for   | bankruptcy, a    | any safe de  | eposit box or other depos                            | itory for securities,                         |
|     | ■ No □ Yes. Fill in the details.  |  |                  |              |  |   |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |                  | Describe     | e the contents                                       | Do you still have it?                         |
| 22. | Have you stored property in a storage unit or   | r place other than your  | home within      | 1 year befo  | ore you filed for bankrupt                           | cy?   |
|     | ■ No  |  |                  |              |  |   |
|     | Yes. Fill in the details.   |  |                  |              |  |   |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)  | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                  | Describe     | e the contents                                       | Do you still have it?                         |
| Pai | t 9: Identify Property You Hold or Control f  | or Someone Else  |                  |              |  |   |
| 23. | Do you hold or control any property that som for someone.   | neone else owns? Inclu   | ude any prope    | rty you bo   | rrowed from, are storing                             | for, or hold in trust                         |
|     | ■ No □ Yes. Fill in the details.  |  |                  |              |  |   |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the prop<br>(Number, Street, City, S<br>Code)                   |                  | Describe     | e the property                                       | Value   |
| Pai | t 10: Give Details About Environmental Info   | rmation  |                  |              |  |   |
| For | the purpose of Part 10, the following definitio   | ns apply:  |                  |              |  |   |
|     | Environmental law means any federal, state, toxic substances, wastes, or material into the regulations controlling the cleanup of these | e air, land, soil, surface   | e water, groun   | • .          |  |   |
|     | Site means any location, facility, or property to own, operate, or utilize it, including dispos   | -  | environmental    | law, whet    | her you now own, operat                              | e, or utilize it or used                      |
|     | Hazardous material means anything an envir  |  | as a hazardou    | s waste, h   | azardous substance, toxi                             | c substance,                                  |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

| 24.  | . Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No |   |                                       |                    |  |  |  |  |
|--|--|---|---------------------------------------|--------------------|--|--|--|--|
|  | Yes. Fill in the details.  |   |                                       |                    |  |  |  |  |
|  | Name of site Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State and ZIP Code)    | Environmental law, if you know it     | Date of notice     |  |  |  |  |
| 25.  | Have you notified any governmental unit of any   | release of hazardous material?  |                                       |                    |  |  |  |  |
|  | ■ No<br>□ Yes. Fill in the details.  |   |                                       |                    |  |  |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State and ZIP Code)    | Environmental law, if you know it     | Date of notice     |  |  |  |  |
| 26.  | Have you been a party in any judicial or adminis   | trative proceeding under any envir                                      | ronmental law? Include settlements a  | nd orders.         |  |  |  |  |
|  | ■ No<br>□ Yes. Fill in the details.  |   |                                       |                    |  |  |  |  |
|  | Case Title<br>Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case                    | Status of the case |  |  |  |  |
| Par  | 11: Give Details About Your Business or Conr   | nections to Any Business  |                                       |                    |  |  |  |  |
| 27.  | Within 4 years before you filed for bankruptcy, d  | lid you own a business or have any                                      | y of the following connections to any | business?          |  |  |  |  |
|  | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time                            |   |                                       |                    |  |  |  |  |
|  | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |   |                                       |                    |  |  |  |  |
|  | ☐ A partner in a partnership   |   |                                       |                    |  |  |  |  |
|  | ☐ An officer, director, or managing executive of a corporation   |   |                                       |                    |  |  |  |  |
|  | ☐ An owner of at least 5% of the voting or equity securities of a corporation  |   |                                       |                    |  |  |  |  |
|  | No. None of the above applies. Go to Part 12.  |   |                                       |                    |  |  |  |  |
|  | ☐ Yes. Check all that apply above and fill in th   | ne details below for each business                                      |                                       |                    |  |  |  |  |
|  |  | scribe the nature of the business                                       | Employer Identification number        |                    |  |  |  |  |
|  | Address<br>(Number, Street, City, State and ZIP Code)  | ne of accountant or bookkeeper  | Do not include Social Security n      | umber or IIIN.     |  |  |  |  |
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your bus institutions, creditors, or other parties. |  |   | o anyone about your business? Inclu   | de all financial   |  |  |  |  |
|  | ■ No □ Yes. Fill in the details below.   |   |                                       |                    |  |  |  |  |
|  | Name Address (Number, Street, City, State and ZIP Code)  |   |                                       |                    |  |  |  |  |
|  | ,  |   |                                       |                    |  |  |  |  |

| Part 12: Sign Below                             |   |  |
|---|---|--|
| are true and correct. I unders                  | s Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the and that making a false statement, concealing property, or obtaining money or property by fraud in coult in fines up to \$250,000, or imprisonment for up to 20 years, or both. and 3571. |  |
| /s/ Amethyst AB Rothenb                         | rg  |  |
| Amethyst AB Rothenburg<br>Signature of Debtor 1 | Signature of Debtor 2   |  |
| Date March 29, 2019                             | Date  |  |
| Did you attach additional pag                   | s to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |  |
| ■ No  |   |  |
| ☐ Yes   |   |  |
| Did you pay or agree to pay s                   | meone who is not an attorney to help you fill out bankruptcy forms?   |  |
| ■ No  |   |  |
| ☐ Yes. Name of Person                           | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).   |  |

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| 140. 0                          | .10 DK 00200 L  | JOO I THEU           | 00/20/10 Entered 00/20/10 10.   | 30.10 1 age 41 01 04                                     |
|---------------------------------|---|----------------------|---|--|
| Fill in this infor              | mation to identify your   | case:                |   |  |
| Debtor 1                        | Amethyst AB Rot   | henburg              |   |  |
| Dahtara                         | First Name  | Middle Name          | Last Name   |  |
| Debtor 2<br>(Spouse if, filing) | First Name  | Middle Name          | Last Name   |  |
| United States Ba                | ankruptcy Court for the:  | NORTHERN DIS         | TRICT OF WEST VIRGINIA  |  |
| Coop number                     |   |                      |   |  |
| Case number (if known)          |   |                      |   | ☐ Check if this is an                                    |
|                                 |   |                      |   | amended filing   |
|                                 |   |                      |   |  |
| Official Fo                     | rm 108  |                      |   |  |
| Stateme                         | nt of Intentio  | n for Indiv          | riduals Filing Under Chap   | pter 7 12/15   |
|                                 |   |                      |   |  |
|                                 | ividual filing under cha  |                      | l out this form if:   |  |
| _                               | e claims secured by yo  |                      | ot expired  |  |
| You must file thi               | ever is earlier, unless th  | ithin 30 days after  | or expired. you file your bankruptcy petition or by the dat e time for cause. You must also send copies t |  |
| •                               | eople are filing togethened the community of the community of the form. | in a joint case, bo  | th are equally responsible for supplying corre  | ct information. Both debtors must                        |
|                                 | and accurate as possib<br>our name and case nur                         |                      | s needed, attach a separate sheet to this form.   | On the top of any additional pages,                      |
| Part 1: List Y                  | our Creditors Who Have  | e Secured Claims     |   |  |
| 1 For any credit                | ore that you listed in Pa   | art 1 of Schedule D  | : Creditors Who Have Claims Secured by Prop   | perty (Official Form 106D) fill in the                   |
| information be                  | elow.   |                      | ·   |  |
| Identify the cr                 | editor and the property t   | hat is collateral    | What do you intend to do with the property secures a debt?  | that Did you claim the property as exempt on Schedule C? |
|                                 |   |                      |   |  |
| Creditor's F                    | nc Bank   |                      | ■ Surrender the property.   | □No  |
| name:                           |   |                      | Retain the property and redeem it.  | <u> </u>   |
| Description of                  | 2042 Character Terr   | 8 Carratur           | ☐ Retain the property and enter into a  | Yes  |
| property                        | 2013 Chrysler Tow<br>200000 miles                                       | n & Country          | Reaffirmation Agreement.  Retain the property and [explain]:  |  |
| securing debt                   | Location: 164 Stud  |                      | Tretain the property and [explain].   |  |
|                                 | Martinsburg WV 25 condition   | 5401 fair            |   |  |
|                                 |   |                      |   |  |
|                                 | our Unexpired Persona   |                      | in Schedule G: Executory Contracts and Unex   | waired Leases (Official Form 1066) fill                  |
| in the information              | on below. Do not list rea   | il estate leases. Un | expired leases are leases that are still in effect<br>the trustee does not assume it. 11 U.S.C. § 365     | t; the lease period has not yet ended.                   |
| Describe your u                 | nexpired personal pro   | perty leases         |   | Will the lease be assumed?                               |
| Lessor's name:                  |   |                      |   | □ No   |
| Description of lea              | ased  |                      |   | LI INO   |
| Property:                       |   |                      |   | ☐ Yes  |
| Lessor's name:                  |   |                      |   | □ No   |
| Description of lea              | ased  |                      |   |  |
| Property:                       |   |                      |   | ☐ Yes  |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Lessor's name:   | □ No  |
|--|---|
| Description of leased Property:  | ☐ Yes   |
| Lessor's name:   | □ No  |
| Description of leased Property:  | ☐ Yes   |
| Lessor's name:   | □ No  |
| Description of leased<br>Property:   | ☐ Yes   |
| Lessor's name:   | □ No  |
| Description of leased Property:  | ☐ Yes   |
| Lessor's name:   | □ No  |
| Description of leased<br>Property:   | ☐ Yes   |
| Part 3: Sign Below   |   |
| Under penalty of perjury, I declare that I have indicated my inten property that is subject to an unexpired lease. | tion about any property of my estate that secures a debt and any personal |
| X /s/ Amethyst AB Rothenburg   | X   |
| Amethyst AB Rothenburg Signature of Debtor 1   | Signature of Debtor 2   |
| Date March 29, 2019  | Date  |

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| Emilia de la Car   | and the state of the state of the same of the state of th |  |                                      |   |   |                                   |
|--|--|--|--------------------------------------|---|---|-----------------------------------|
| Fill in this info  | mation to identify your case:  |  |                                      | eck one box only as c<br>2A-1Supp:                  | lirected in this form and   | d in Form                         |
| Debtor 1   | Amethyst AB Rothenburg   |  |                                      | 2A-13upp.   |   |                                   |
| Debtor 2<br>(Spouse, if filing)                          |  |  |                                      | ■ 1. There is no pres                               | sumption of abuse   |                                   |
| United States  | Bankruptcy Court for the: Northern District of   | West Virginia                              | '                                    | applies will be r                                   | to determine if a presumade under <i>Chapter 7</i>                      |                                   |
| Case number (if known)                                   |  |  |                                      | ☐ 3. The Means Test                                 | ficial Form 122A-2).  I does not apply now be  I service but it could a |                                   |
|  |  |  |                                      |   |   | opiy later.                       |
| Official E   | orm 122A - 1   |  |                                      | ☐ Check if this is a                                | in amended ming   |                                   |
|  |  |  | م دا دا داده                         |   |   |                                   |
| Cnapter  | 7 Statement of Your Cur  | rent Mor                                   | ntniy inc                            | ome   |   | 12/15                             |
| attach a separat<br>case number (if<br>qualifying milita | and accurate as possible. If two married people at e sheet to this form. Include the line number to whenown). If you believe that you are exempted from ry service, complete and file Statement of Exempted 1.   | nich the additior<br>a presumption         | nal information a<br>of abuse becau  | applies. On the top of a<br>se you do not have pri  | ny additional pages, wri<br>marily consumer debts o                     | te your name and<br>or because of |
| Part 1: Ca   | alculate Your Current Monthly Income   |  |                                      |   |   |                                   |
| 1. What is   | your marital and filing status? Check one onl  | y.   |                                      |   |   |                                   |
| ■ Not m  | narried. Fill out Column A, lines 2-11.  |  |                                      |   |   |                                   |
| ☐ Marri  | ed and your spouse is filing with you. Fill ou   | both Columns                               | A and B, lines                       | 2-11.   |   |                                   |
| ☐ Marri  | ed and your spouse is NOT filing with you. \   | ou and your s                              | spouse are:                          |   |   |                                   |
| ☐ Liv  | ing in the same household and are not legal  | ly separated.                              | Fill out both Co                     | lumns A and B, lines                                | 2-11.   |                                   |
| pe   | ing separately or are legally separated. Fill on<br>nalty of perjury that you and your spouse are le<br>ng apart for reasons that do not include evadin  | gally separated                            | d under nonban                       | kruptcy law that appli                              | es or that you and you  |                                   |
| 101(10A). Fo<br>the 6 months                             | erage monthly income that you received from all s<br>r example, if you are filing on September 15, the 6-md,<br>, add the income for all 6 months and divide the total I<br>the same rental property, put the income from that pr  | onth period would<br>by 6. Fill in the res | be March 1 throusult. Do not include | ugh August 31. If the ame<br>de any income amount m | ount of your monthly incornore than once. For examp                     | ne varied during<br>ole, if both  |
| ·  |  | · ·  |                                      | Column A Debtor 1                                   | Column B Debtor 2 or non-filing spouse                                  |                                   |
|  | ess wages, salary, tips, bonuses, overtime, a eductions).  | nd commission                              | ons (before all                      | \$ 2,051.33   | \$  |                                   |
| Column I   | and maintenance payments. Do not include a sis filled in.  | -  |                                      | \$  | \$  |                                   |
| of you of<br>from an u<br>and room                       | Ints from any source which are regularly par<br>or your dependents, including child support.<br>Inmarried partner, members of your household.<br>Inmates. Include regular contributions from a spo<br>Do not include payments you listed on line 3.  | Include regular<br>your depender           | contributions<br>nts, parents,       | \$ 532.00   | \$  |                                   |
|  | me from operating a business, profession, o  |  |                                      |   |   |                                   |
|  |  |  | otor 1                               |   |   |                                   |
|  | ceipts (before all deductions)   | \$ 0.00                                    |                                      |   |   |                                   |
| •  | and necessary operating expenses   | -\$ 0.00                                   | Cany have                            | ¢ 0.00  | ¢   |                                   |
|  | hly income from a business, profession, or farm  | 1\$  | Copy here ->                         | \$  | \$  |                                   |
| 6. Net inco  | me from rental and other real property   | Deh  | otor 1                               |   |   |                                   |
| Grass ra   | coints (hoforo all doductions)   | \$ 0.00                                    |                                      |   |   |                                   |
|  | ceipts (before all deductions) and necessary operating expenses  | -\$ 0.00                                   |                                      |   |   |                                   |
|  | hly income from rental or other real property  | ·  | Copy here ->                         | \$ 0.00   | \$  |                                   |
|  | , , ,  | Ψ  |                                      | \$ 0.00   | \$  |                                   |
| i. interest,   | dividends, and royalties   |  |                                      | Ţ   |   |                                   |

Official Form 122A-1

|      |  |   |               | Column A Debtor 1 |                       | Column B Debtor 2 or non-filing s | pouse       |             |
|------|--|---|---------------|-------------------|-----------------------|-----------------------------------|-------------|-------------|
| 8.   | Unemployment compensation  |   |               | \$                | 0.00                  | \$                                |             |             |
|      | Do not enter the amount if you contend that the amou<br>the Social Security Act. Instead, list it here:  | int received was a bend                       | efit under    |                   |                       |                                   |             |             |
|      | For you  | \$  | 0.00          |                   |                       |                                   |             |             |
| 0    | For your spouse  Pension or retirement income. Do not include any a  | \$  |               |                   |                       |                                   |             |             |
|      | benefit under the Social Security Act.   |   |               | \$                | 0.00                  | \$                                |             |             |
| 10.  | Income from all other sources not listed above. Sp<br>Do not include any benefits received under the Social<br>received as a victim of a war crime, a crime against hid<br>domestic terrorism. If necessary, list other sources on<br>total below. | Security Act or payme umanity, or internation | ents<br>al or | ¢                 | 0.00                  | ¢                                 |             |             |
|      | •  |   |               | \$                | 0.00                  | \$<br>\$                          |             |             |
|      | Total amounts from separate pages, if any.   |   |               | \$                | 0.00                  | \$                                |             |             |
|      |  |   |               | <u> </u>          |                       | <u> </u>                          |             |             |
| 11.  | Calculate your total current monthly income. Add each column. Then add the total for Column A to the t   |   | \$            | 2,583.33          | + \$                  |                                   | = \$2       | ,583.33     |
|      |  |   |               |                   |                       |                                   | Total curr  | ent monthly |
| Part | 2: Determine Whether the Means Test Applies  | to You  |               |                   |                       |                                   |             |             |
| 12.  | Calculate your current monthly income for the yea  | ar. Follow these steps:                       |               |                   |                       |                                   |             |             |
|      | 12a. Copy your total current monthly income from line  | ·<br>• 11                                     |               | Сору              | line 11 h             | ere=>                             | \$ 2.       | ,583.33     |
|      |  |   |               |                   |                       |                                   |             |             |
|      | Multiply by 12 (the number of months in a year)  |   |               |                   |                       |                                   | <b>x</b> 12 |             |
|      | 12b. The result is your annual income for this part of t   | the form                                      |               |                   |                       | 12b.                              | \$30        | ,999.96     |
| 13.  | Calculate the median family income that applies to   | you. Follow these ste                         | eps:          |                   |                       |                                   |             |             |
|      | Fill in the state in which you live.   | wv  |               |                   |                       |                                   |             |             |
|      | Fill in the number of people in your household.  | 2   |               |                   |                       |                                   |             |             |
|      | Fill in the median family income for your state and size   | e of household.                               |               |                   |                       | 13.                               | \$ 50       | ,451.00     |
|      | To find a list of applicable median income amounts, g for this form. This list may also be available at the bar  | o online using the link                       | specified     |                   |                       | ions                              |             |             |
| 14.  | How do the lines compare?  |   |               |                   |                       |                                   |             |             |
|      | 14a. Line 12b is less than or equal to line 13. Go to Part 3.  | On the top of page 1, o                       | check box     | 1, There is n     | o presum <sub>l</sub> | otion of abuse                    |             |             |
|      | 14b.  Line 12b is more than line 13. On the top<br>Go to Part 3 and fill out Form 122A-2.  | of page 1, check box                          | 2, The pr     | esumption of      | abuse is c            | letermined by                     | Form 122A   | 4-2.        |
| Part | 3: Sign Below  |   |               |                   |                       |                                   |             |             |
|      | By signing here, I declare under penalty of perjui   | ry that the information                       | on this sta   | atement and i     | n any atta            | chments is tru                    | e and corre | ect.        |
|      | X /s/ Amethyst AB Rothenburg Amethyst AB Rothenburg Signature of Debtor 1  |   |               |                   |                       |                                   |             |             |
|      | Date March 29, 2019 MM / DD / YYYY   |   |               |                   |                       |                                   |             |             |
|      | If you checked line 14a, do NOT fill out or file Fo  | rm 122A-2.                                    |               |                   |                       |                                   |             |             |
|      | If you checked line 14b, fill out Form 122A-2 and  | I file it with this form.                     |               |                   |                       |                                   |             |             |

Official Form 122A-1

#### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 09/01/2018 to 02/28/2019.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$\frac{\\$21,041.70}{\$\$ from check dated \$\frac{\\$8/31/2018}{\$\$ 12/21/2018}\$.

Ending Year-to-Date Income: \$\frac{\\$27,759.32}{\$\$ from check dated \$\frac{12/21/2018}{\$\$}\$.

This Year:

Current Year-to-Date Income: \$5,590.33 from check dated 2/28/2019 .

Income for six-month period (Current+(Ending-Starting)): \$12,307.95.

Average Monthly Income: \$2,051.33.

#### Line 4 - Contributions to household expenses of the debtor or dependents

Source of Income: Debtor's Baby's Father

Income by Month:

| 6 Months Ago: | 09/2018            | \$0.00   |
|---------------|--------------------|----------|
| 5 Months Ago: | 10/2018            | \$0.00   |
| 4 Months Ago: | 11/2018            | \$0.00   |
| 3 Months Ago: | 12/2018            | \$584.00 |
| 2 Months Ago: | 01/2019            | \$584.00 |
| Last Month:   | 02/2019            | \$584.00 |
|               | Average per month: | \$292.00 |

#### Line 4 - Child support income (including foster care and disability)

Source of Income: child support from child's father

Income by Month:

| 6 Months Ago: | 09/2018            | \$480.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 10/2018            | \$480.00 |
| 4 Months Ago: | 11/2018            | \$480.00 |
| 3 Months Ago: | 12/2018            | \$0.00   |
| 2 Months Ago: | 01/2019            | \$0.00   |
| Last Month:   | 02/2019            | \$0.00   |
|               | Average per month: | \$240.00 |

## Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

#### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

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most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

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#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_fo

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

#### Entered 03/29/19 13:08:10 Page 49 of 54 A married couple may file a bankruptcy case

together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 3030)-118/150256 Doc 1 Filed 03/29/19 Entered 03/29/19 13:08:10 Page 50 of 54 United States Bankruptcy Court

| EBTOR(S)  med debtor(s) and that d to me, for services rendered or to ollows:  1,299.00  1,299.00 |
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| EBTOR(S)  med debtor(s) and that d to me, for services rendered or to ollows:  1,299.00  1,299.00 |
| amed debtor(s) and that d to me, for services rendered or to follows:  1,299.00  1,299.00         |
| d to me, for services rendered or to follows:  1,299.00  1,299.00                                 |
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| mbers and associates of my law firm.  |
| rs or associates of my law firm. A tached.  |
| case, including:  |
| earings thereof; g; preparation and filing of tions pursuant to 11 USC                            |
| ces, relief from stay actions or  |
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| representation of the debtor(s) in  |
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Name of law firm

#### United States Bankruptcy Court Northern District of West Virginia

| In re Amethyst AB Rothenburg              | Debtor(s)                                     | Case No. Chapter    | 7                     |  |  |  |
|---|---|---------------------|-----------------------|--|--|--|
| VERIFICATION OF CREDITOR MATRIX           |   |                     |                       |  |  |  |
| The above-named Debtor hereby verifies th | at the attached list of creditors is true and | correct to the best | of his/her knowledge. |  |  |  |
| Date: March 29, 2019                      | /s/ Amethyst AB Rothenburg                    | 9                   |                       |  |  |  |

Signature of Debtor

Amethyst AB Rothenburg 164 Stuckey Court Martinsburg, WV 25401

David P. Skillman Bottner & Skillman, Attorneys At Law 116 West Washington Street, Suite 2A P.O. Box 344 Charles Town, WV 25414

City Hospital PO BOX 865 Morgantown, WV 26507-0865

Comcast 1701 JFK Blvd. Philadelphia, PA 19103

Comcast Cable Communications PO Box 3006 Southeastern, PA 19398-3006

Credit Collections USA, LLC 16 Distributor Drive Suite 1 Morgantown, WV 26501

Creditors Collection Service Attn: Bankruptcy Po Box 21504 Roanoke, VA 24018

Debt Collection Partners Wes Mon Building 2 11 Commerce Dr, Ste 208 Westover, WV 26501

JP Recovery Services Inc PO Box 16749 Rocky River, OH 44116-0749

JP Recovery Services Inc 20220 Center Ridge Rd. 200 Rocky River, OH 44116 Justin Rothenburg 96 Hovermale Court Martinsburg, WV 25405

Midwest Recovery Systems Attn: Bankruptcy Po Box 899 Florissant, MO 63032

One Advantage, LLC PO Box 23920 Belleville, IL 62223

One Advantage, LLC 1230 W. State Rd. 2 La Porte, IN 46350

Phoenix Financial Services. Llc Attn: Bankruptcy Po Box 361450 Indianapolis, IN 46236

Pnc Bank Atn: Bankruptcy Department Po Box 94982: Ms: Br-Yb58-01-5 Cleveland, OH 44101

Portfolio Recovery Po Box 41021 Norfolk, VA 23541

Potomas Edison PO Box 3615 Akron, OH 44309-3615

Progressive Leasing PO Box 413110 Salt Lake City, UT 84141-3110

Shenandoah Community Center 99 Tavern Road Martinsburg, WV 25401

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Synchrony Bank/Walmart Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

United Collections 5620 Southwyck Blvd. Toledo, OH 43614

Valley Health PO Box 37002 Baltimore, MD 21297